

Child and Family Medical History

DATE:	AGE:	Reason for visit (well check):
Gestation History 1. Gravida: _____ Para: _____ Abortions: _____ 2. Prenatal care Yes or No? Number of visits _____ 3. Length of gestation _____ weeks 4. Maternal age at patient's birth _____ 5. Smoking? Yes or No? packs/day _____ 6. Alcohol? Yes or No? Amt/Freq _____ 7. Drugs (recreation) Yes or No? Name/Freq _____		8. Maternal medications / drugs used during pregnancy 9. Maternal problems during pregnancy: ___ anemia ___ hospitalization ___ syphilis ___ cardiac disease ___ hypertension ___ U.T.I. ___ diabetes ___ Rh negative ___ vaginal bleeding ___ gonorrhea ___ rubella ___ hepatitis ___ herpes ___ seizures
Birth & Nursery Course 12. Place of Birth: _____ 13. Problems during labor and delivery? (eg. Induction, postpartum hemorrhage) _____ _____ 14. Type of delivery: spontaneous, forceps, C-Section. Length of labor: _____ hours 15. Infant's condition at birth: _____ APGAR: 1 min: _____ 5 min: _____ 16. High risk nursery? Yes No Length of time: _____ 17. Birth weight: Length Head Circumference: Small/large for gest age 18. Problems: ___ birth defects ___ convulsions ___ meningitis/sepsis ___ blood transfusions ___ feeding problems ___ oxygen or respirator used ___ congenital infections ___ jaundice ___ other		
Past Medical History (PMH) Accidents/Illnesses Allergies – "...drug, food, other"		Allergies - drug, food, otherwise Hospitalizations
Family Medical History (FMH): ___ allergies ___ kidney disease ___ cancers ___ overweight ___ hearing problems ___ other disorders	___ hypertension ___ hematologic ___ neuromuscular ___ epilepsy ___ tuberculosis ___ drug/alcohol abuse	___ alcoholism, drug addiction ___ mental illness ___ incarceration ___ diabetes ___ stroke
Current Health Status of Mother Father Siblings		
Medications taken regularly		
Developmental History		
Diet History Diet: see age specific worksheet		
Social History Who lives at home? Who cares for the baby? Any new changes or stressors at home? Any indoor or outdoor cigarette smoke exposure? Pets? Firearms? Child safety and concern for child abuse?		