

MEDICAL HISTORY:

BIRTH HISTORY:

Birth Weight: _____ Hospital: _____ no yes _____
 Pregnancy Illness/Complications? _____ no yes _____
 Type of birth? Vaginal Caesarian _____
 Apgar scores _____, _____, _____
 Birth problem/complications? _____ no yes _____
 Regular nursery _____ NICU _____
 Length of Hospital stay? _____ days
 Any newborn problems/complications? _____ no yes _____
 Jaundice? _____ no yes _____

DEVELOPMENT:

milestones met: _____
 6 months: _____ yes no _____
 9 months: _____ yes no _____
 12 months: _____ yes no _____
 18 months: _____ yes no _____
 24 months: _____ yes no _____
 36 months: _____ yes no _____

FEEDING HISTORY:

Breastfed _____ Bottle/Formular fed _____
 Any food sensitivities? _____ no yes _____
 Allergy _____ no yes _____
 Chronic diarrrhea _____ no yes _____
 Constipation _____ no yes _____

HOSPITALIZATION/SURGICAL HISTORY:

SERIOUS ACCIDENT/INJURY:

SIGNIFICANT ILLNESS:

CURRENT MEDICATIONS:

ALLERGIES: