



Name

me

Name _____ Date of birth _____ SS# _____
 Parent's name _____ ID# _____ Sex _____
 Address _____ Phone _____
 Mother's business address _____ Phone _____
 Father's business address _____ Phone _____
 Emergency contact _____ Phone _____

BIRTH HISTORY

Type of delivery _____ Term _____
 Premature at _____ Months _____
 Pregnancy number _____ Other _____
 Birth wt. _____ Length _____ Discharge wt. _____
 Apgar score _____ Circumcision _____
 Blood type _____ Other _____

FAMILY HISTORY

Mother _____ Age _____ Occupation _____
 Father _____ Age _____ Occupation _____
 Siblings _____ Age _____ Sex _____ Health _____
 1 _____
 2 _____
 3 _____
 4 _____

IMMUNIZATION HISTORY

	Date	Manufacturer	Control/ Lot#	Administering MD/RN
DPT(dtap) 1				
2				
3				
4				
5				
6				
Polio 1				
2				
3				
4				
HIB				
MMR				
Hepatitis B				
Pneumococcal				
Chicken pox				
TD				

Other _____
 High blood pressure _____ Cancer _____
 High cholesterol _____ Allergies _____
 High triglyceride _____

NUTRITION HISTORY

Breast fed _____ Formula _____
 Vitamin supplement _____ Type _____
 Soft foods added _____

 Appetite _____
 Stools _____
 Allergies _____
 Other _____

DEVELOPMENT HISTORY (AGE)

Held up head _____
 Smiled _____
 Sat aided _____
 Stood aided _____
 Sat alone _____
 Reached for objects _____
 First teeth _____
 Crept _____
 Stood alone _____
 Walked _____
 Said words _____
 Sentences _____

TEST RECORD

	Test Date	Result
TB		
Hemoglobin		
Urine		
Lead		
Cholesterol		

HABITS

Sleep _____ Bedwetting _____
 Naps _____ Play _____
 School _____ Other _____

ILLNESS HISTORY

General _____
 Allergies _____
 Chicken pox _____
 Tonsillitis / Pharyngitis _____
 Ear infections _____
 Asthma / Bronchitis _____
 Bronchiolitis / Pneumonia (RSV +/-) _____
 Hospitalized _____
 Serious injuries _____
 Operations _____
 Other _____