



Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date First Seen \_\_\_\_\_  
 Race \_\_\_\_\_ Sex \_\_\_\_\_ Insurance \_\_\_\_\_  
 Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Obstetrician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Referred by \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**ALLERGIES (✓)**

**FAMILY HISTORY**

**OTHER**

	Age	Health	Environmental/Food	Type of Allergy
Mother				
Father				
Sibling				
Sibling				

Miscarriage \_\_\_\_\_ Month \_\_\_\_\_ Cause \_\_\_\_\_  
 Tuberculosis \_\_\_\_\_ TBC Contacts \_\_\_\_\_  
 Diabetes \_\_\_\_\_ Convulsive Disease \_\_\_\_\_  
 Mother's Blood Type \_\_\_\_\_ RH \_\_\_\_\_  
 Baby's Blood Type \_\_\_\_\_

**BIRTH AND DEVELOPMENT**

Term \_\_\_\_\_ Delivery \_\_\_\_\_ Birth Weight \_\_\_\_\_  
 Condition at Birth \_\_\_\_\_ Apgar Score \_\_\_\_\_  
 Condition 1st Week \_\_\_\_\_  
 Feeding \_\_\_\_\_ Cyanosis \_\_\_\_\_  
 Convulsions \_\_\_\_\_ Jaundice \_\_\_\_\_  
 Sat Up \_\_\_\_\_ Stood \_\_\_\_\_ Walked \_\_\_\_\_ Words \_\_\_\_\_  
 Short Sentences \_\_\_\_\_ First Teeth \_\_\_\_\_ Bladder \_\_\_\_\_ Bowel \_\_\_\_\_

**FEEDING HISTORY**

Breast \_\_\_\_\_ Formula \_\_\_\_\_ Vitamins \_\_\_\_\_  
 Primary Drinking Water Supply:  Well  City/Municipal  Bottle Area Water Fluoride Level:  Inadequate  Adequate  Unknown  
 Fluoride Supplements: *Topical*  Rinse  Gel  Paste *Systemic*  Vitamin/Fluoride Supplement  Fluoride-Only Supplement  
 Soft Food \_\_\_\_\_ Present Diet \_\_\_\_\_ Feeding Habits \_\_\_\_\_  
 Appetite \_\_\_\_\_ Likes \_\_\_\_\_ Dislikes \_\_\_\_\_  
 Vomiting \_\_\_\_\_ Stools \_\_\_\_\_ Sensitivity \_\_\_\_\_ Hives \_\_\_\_\_

**CHILDHOOD IMMUNIZATION RECORD**

**ILLNESSES**

Vaccine	Date of Immunization
Hepatitis B	
Diphtheria, Tetanus, Pertussis	
<i>H. influenzae</i> type b	
Polio	
Measles, Mumps, Rubella	
Varicella Zoster Virus Vaccine	
Other	

Type	Date
Pertussis	
Measles	
Rubella	
Mumps	
Chickenpox	
Scarlet Fever	
Diphtheria	
Operations	
T. and A.	
Allergy	
Appendix	
Glands	
Rheumatic Fever	
Otitis	
Colds	
Tonsillitis	
Convulsions	
Constipation	
Diarrhea	
Asthma	