

Child birth name and last name \_\_\_\_\_ Birthdate \_\_\_\_\_  
First Name Last Name

**Family Medical History:** Please list all blood relatives of your child who have had the following problems.  
(P) Parents (G) Grandparents (U) Uncles (A) Aunts

Birth defects _____	Heart disease, attacks _____	Arthritis _____
Eye problems _____	High blood pressure _____	Bleeding problems _____
Deafness _____	Thyroid or hormone problems _____	Allergies _____
Kidney disease/stone _____	Diabetes _____	Asthma _____
Urinary infection _____	Seizures / epilepsy _____	Hay fever _____
Strokes, hardening arteries _____	Tuberculosis _____	Sinus Problems _____
Cancer _____	High cholesterol _____	Other: _____

**Birth History:**

Type of delivery \_\_\_\_\_

Child's birthweight \_\_\_\_\_

Did this child have any unusual problems in the hospital such as trouble breathing, blue spells, yellow jaundice, trouble feeding, etc.? \_\_\_\_\_

Was (is) this child breast-fed? \_\_\_\_\_

Did (does) this child have any problems with breast or formula feeding? \_\_\_\_\_

**Child's Medical History:**

How would you describe your child's health? ( ) Good ( ) Fair ( ) Poor

Has this child had any reaction to medicines? \_\_\_\_\_

Has this child ever been hospitalized for any reason? If so, for what? \_\_\_\_\_

Is this child on any medications? \_\_\_\_\_

Please check any of the following diseases that this child has had:

( ) Chickenpox ( ) Hepatitis ( ) Other: \_\_\_\_\_

VACCINATED	YEAR
Chickenpox	_____
Hepatitis	_____
MMR Booster	_____
Adult Tetanus	_____

Is your child current on Immunizations? If so, please show proof. \_\_\_\_\_

Does this child have any recurrent illnesses or health problems? \_\_\_\_\_

Are there any emotional problems in the family? \_\_\_\_\_

Are there problems with alcohol or drug abuse in the family? \_\_\_\_\_

Please list all persons living in your household and their age(s) including Parents / Guardians / Etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_