

Birth History:

Medicines used by mother during pregnancy _____

Maternal illness during pregnancy _____

Delivery: Normal/C-Section (Circle) Any Problems _____

Duration of pregnancy (weeks) _____ Birth wt _____ Birth length _____

Any problems with baby at or after birth: _____

Jaundice _____ Highest bili _____ Phototherapy: Yes/No(Circle)

Feeding and Nutrition:

Breast or Bottle Fed _____ Name of Formula _____

Any food allergies _____

Social History:

No. of other children _____ Ages: _____

No. of people in home: _____ Smoking in home: _____

Water supply (Circle) City Water/Well Water/Bottled Water Alcohol or drug problems Yes/No (Circle)

Past History:

Hospitalizations (Medical Reason) _____

Surgeries _____

Other Serious Illnesses _____

Persistent Health Problems:

1. _____

2. _____

3. _____

Family History:

Diabetes _____ Autism/ADHD _____

High Blood Pressure _____ Blood Disorder _____

Heart Disease _____ Convulsions _____

Allergies _____ Kidney Problems _____

Asthma _____ Immune Deficiencies _____

Cancer _____ Psychiatric problems _____

Genetic Disease _____ Other _____