

FAMILY HISTORY

FAMILY HISTORY OF:

- | <u>Disease</u> | <u>Relation</u> | <u>Disease</u> | <u>Relation</u> |
|---------------------------|-----------------|-----------------------|-----------------|
| 1. Tuberculosis _____ | _____ | 4. Diabetes _____ | _____ |
| 2. Allergy _____ | _____ | 5. Rheum. Fever _____ | _____ |
| 3. Seizures _____ | _____ | 6. Neuropsych. _____ | _____ |
| 7. Others (specify) _____ | | | |

DEATH OF PARENT OR SIBLING:

 (Relation) _____ (Cause)

 (Relation) _____ (Cause)

BIRTH HISTORY

Date of Birth _____ Place _____
Sex _____ (Hospital)

Parents' Marital Status (circle): M Div UnM Sep Wid

Mothers OB History Preg _____ Live Birth _____ Stillbirth _____ Ab _____

Order in Family _____ / _____ (e.g.: 2nd oldest of 4 living: 2/4)
(Order) (Total)

Mother's Age _____

Number of Months of Prenatal Care _____ Month of 1st Visit _____

Mother's General Health During Pregnancy _____

Problems During Pregnancy _____

Delivery: Type and Complications _____

Birth Weight _____ lbs. _____ oz. Gestation _____ (Months)

Neonatal Course: Uneventful _____

Problems: _____
(Resp. distress, cyanosis, jaundice, seizures, etc.)

IDENTIFICATION

Child lives in _____ or _____
(Parents home) (Elsewhere: specify)

Chief care by _____ or _____
(Parent) (Specify)

ADDRESSOGRAPH

FEEDING

Nursing: _____
(At discharge) (Currently)

Formula: _____
Specify type, dilution, and with or without iron

Supplemental: Vitamins _____ Iron _____ Fluoride _____

Solids: Cereal _____ Fruit _____ Veget. _____ Meat _____ Egg _____

DEVELOPMENT

Age of rolling over _____ Age of sitting _____

Age of walking _____

ILLNESSES

General Health _____

Illnesses _____
(Include dates)

Other Problems _____

IMMUNIZATIONS

(Summarize; details on immunization form)

SUMMARY

**STANDARD PEDIATRIC HISTORY
(0 - 3 Yrs.)**

IHS-5-1
(REV. 08/89)