



PRENATAL HISTORY

CHILD'S NAME: _____ DOB: ____/____/____

1. Duration of gestation _____ weeks Chart #: _____

2. Normal pregnancy? Yes No - List any significant complications of pregnancy:

3. Normal delivery? Yes No - List any significant complications of pregnancy:

4. List any medication taken during pregnancy: _____

5. List any medication taken during delivery: _____

6. Were forceps used for delivery ? - Yes No

7. Place of birth: Home/Hospital _____

8. Apgar score at birth: _____ Apgar score at 5 min: _____

9. Weight at birth: _____ Length at birth: _____

DEVELOPMENTAL HISTORY

1. Was the infant alert and responsive within twelve hours of delivery? Yes No

If no, explain: _____

2. At what age did the child:

Respond to sound: _____

Follow objects with eyes: _____

Hold head up: _____

Sit alone: _____

Crawl: _____

Stand: _____

Walk alone: _____

NUTRITIONAL HISTORY

1. Breastfed? Yes No _____ mos. Formula began at age: _____ mos.

2. Type of formula used : _____ Cow's milk began at age: _____ mos.

3. Other milk used : _____

4. Began solid food at age: _____ mos.

5. Commercially prepared baby foods used? Yes No Type: _____

6. Fruit or juice intolerance? Yes No Type: _____

SOCIAL BEHAVIOR

1. Appropriate with age level? Yes No

If no, explain: _____

CHILDHOOD DISEASES

1. Chickenpox (age: _____)
Mumps (age: _____)
Measles (age: _____)
Rubella (German measles) (age: _____)
Whooping Cough (age: _____)
Other _____ (age: _____)

2. Immunizations: (List type and age)

3. List any significant family history (i.e. heart/kidney disease, cancer, diabetes, ect.)
(List history and family member)

OTHER SIGNIFICANT DATA

1. List hospitalization, medications, trauma, etc.

