

Date _____

FAMILY MEMBERS

History given by _____

History recorded by _____

	Birthdate	Ht.	Wt.	Health
Mother				
Father				
Siblings	Birthdate	Sex		

Referred by _____

FAMILY HISTORY OF CHILD

Allergies _____

 Diabetes _____
 Heart Disease _____
 Hypertension _____
 Kidney Disease _____
 Cancer _____
 Cystic Fibrosis _____
 Hip Dysplasia _____
 Scoliosis _____

Thyroid _____
 Sickle Cell _____
 Hemophilia _____
 Mental Retardation _____
 Seizure Disorder _____
 T.B. Contact _____
 Eye Problem _____
 Hearing Loss _____
 Other _____

PAST HISTORY OF CHILD

Pregnancy: full-term/premature Delivery: Vaginal/Caesarian
 Birth Weight _____ Length _____
 Breast/Formula _____ Drugs, Tobacco, Alcohol _____

 Illness _____

 Hospitalizations _____
 Operations _____
 Drug Reaction _____
 Food Allergy _____
 Pollen Allergy _____
 Medicine taken regularly _____
 Congenital birthmark y/n _____

SYSTEMS REVIEW

HEENT _____

 C.R. _____

 G.I. _____

 G.U. _____

 N.M. _____

 Other _____

 Brought shot records yes or no
 Previous M.D. _____

DEVELOPMENTAL MILESTONES

SMILES	SITS	STANDS	TRANSFERS OBJECTS	WALKS	FINE Pincer	WORDS
PHRASES	KNOWS COLORS	PEDALS TRIKE	TOILET TRAINED DAY	NIGHT TR	RIDES BIKE	TIES SHOES

NWVG-28 6/00

HISTORY

PATIENT LABEL HERE