

**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)