

HISTORICAL INFORMATION

Name of Child _____ Date of Birth _____

PERINATAL HISTORY:

PRENATAL: age of mother at birth of child _____; blood type of mother _____; # of pregnancies previous to this child _____; # of miscarriages, abortions or still births _____; Birth; early (), late (), by _____(# days/wks); Illnesses during pregnancy _____; medications during pregnancy _____;

LABOR & DELIVERY: duration of labor _____; complications _____; amniotic fluid sac: (check) ruptured spontaneously _____, ruptured by M.D. _____; type of delivery: (check) vaginal _____, C-Section _____, breech _____, forceps _____, anesthesia _____.

NEWBORN: weight _____ length _____ APGAR _____.
YES NO (check appropriate responses; explain "yes" answers)
_____ cyanosis (blueness) _____
_____ malformations _____
_____ respiratory distress _____
_____ jaundice _____
_____ other problems _____

EVENTS OF CHILDHOOD:

DEVELOPMENTAL LANDMARKS: (fill in age)

smiled in response to parents _____ walked alone _____ pedaled tricycle _____
rolled over _____ climbed stairs _____ dressed self _____
sat alone _____ simple words _____ numbers _____
crawled _____ sentences _____ colors _____

HOSPITALIZATIONS(S)/SURGERY: (date, hospital, reason) _____

MEDICATIONS: _____

CHILDHOOD DISEASES: (give age or date of occurrence)
whooping cough _____; measles (7 day) _____; German Measles (3 day) _____;
mumps _____; chicken pox _____; asthma _____; scarlet fever _____;
rheumatic fever _____; other _____