## PATIENT MEDICAL INFORMATION

Last	Last	name _						Date	of Birth	Sex: M	F	
1. During the pregnancy with this child, did the mother have/take   Regular medical care   No   Yes   Sleeding problem   No   Yes   Drink alcohol   No   No   Pes   No   No   Pes   No   No   Pes   No   No   Pes   No   No   No   Pes   No   No   Pes   No   No   No   Pes   No   No   No   Pes   No   No   No   Pes   No   No   No   No   No   No   No   N	Regular medical care	_	Last			First	Middle					
Regular medical care	Regular medical care											
Diabetes     No     Yes   Infection or illness     No     Yes   Use drugs     No   No   High blood pressure     No     Yes   Medications     No     Yes   Use drugs     No   No   Names of medications     Names of medications     Names of medications   Names of frugs     Names of greganacies before this one   Total number of living children   Names of drugs     Names of drugs   Names of greganacies before this one   Names and age of the other children   Premature   Names and age of the other children   Premature   Premature   Weeks of Gestation   Names and ges of the other children   Premature   Premature   Weeks of Gestation   Names and the premature   Names	Diabetes       No       Yes	1. Dur			her have							
High blood pressure	High blood pressure			•••			[] No	] Yes	Smoke	[] No		
Names of medications	Names of medications		Diabetes	[] No	] Yes	Infection or illness	[] No		Drink alcohol	[] No	[] Yes	
2. Numbers of pregnancies before this one Name and age of the other children Name and age of the other children Sirth length Birth length Full term Premature Weeks of Gestation Birth weight Birth length Premature Weeks of Gestation Breast feeding Formula fed, Name of F	Umbers of pregnancies before this one		High blood pressure	[] No	] Yes	Medications	] No	] Yes	Use drugs	[] No	[] Yes	
2. Numbers of pregnancies before this one Name and age of the other children Name and age of the other children Sirth length Birth length Full term Premature Weeks of Gestation Birth weight Birth length Premature Weeks of Gestation Breast feeding Formula fed, Name of F	Umbers of pregnancies before this one		Names of medications			1	Names of dri	ine				
Name and age of the other children	Name and age of the other children	2. Nur						.ys				
Birth weight	Birth weight					· ·						
Birth weight	Birth weight	3. Birt	h: Vaginal delivery		Force	os delivery	Vacuum	delivery	Cesarea	n section		
Full term	Full term		Birth weight		Birth le	ength	_					
A. Newborn: In the hospital, did the baby have problems with:   Infection	Breast feeding		Full term		Prema	nture	. Weeks o	of Gestati	on			
Infection	Infection		Breast feeding		Formu	la fed, Name of Formula						
Breathing problem	Breathing problem	4. Nev	vborn: In the hospital, did the baby	have prob	lems wit	h:						
Comment:   AMILY HISTORY	Comment:   LY HISTORY		Infection	[] No	[] Yes	Jaundice	[] No	[] Yes	Seizure	[] No	[] Yes	
Asthma	Asthma		Breathing problem	[] No	] Yes	Low blood sugar	] No	] Yes	Other problems	[] No	[] Yes	
Asthma	Asthma		0 1									
Asthma	Asthma											
Hay fever	Hay fever	AWIL		п.,	Пу	Once deline ment because	п.,	Пу	Tule a serile alla	п.,	пу	
Eczema	No					•		-				
Mental problem	Mental problem		•					-				
Alcohol problem	Alcohol problem							-	• •			
Drug problem	Drug problem											
Comment:  DEVELOPMENT: At what age did your child first:  Smile Roll over Sit alone Toilet trained  Say mama or dada Say 2-3 word together Speak in sentences Toilet trained  School performance: Good Average Poor  MMUNIZATIONS: Please attach a copy of your child's immunization record.  SOCIAL HISTORY: Your child attends day care/ preschool? [] No [] Yes  PAST MEDICAL HISTORY:  Your child: has had a blood lead test? [] No [] Yes, Result: [] Normal [] Abnormal, result on ; [] Rechecked or [] Treated on takes any medications? [] No [] Yes names of medications has allergy to any medications? [] No [] Yes , names of medications has allergy to anything else (pets, food, etc.)? [] No [] Yes , specify has been admitted to the hospital? [] No [] Yes, Name of the hospital Abnormal, result Past Abnormal, result Normal Past Abnormal	Comment:  SellopMENT: At what age did your child first:  Smile											
Sit alone   Walk alone   Say 2-3 word together   Speak in sentences   Toilet trained   School performance: Good   Average   Poor   Poor   Average   Poor	ELOPMENT: At what age did your child first:  Smile Roll over Say mam or dada Say 2-3 word together Speak in sentences Toilet trained  Soy mama or dada Average Poor NIZATIONS: Please attach a copy of your child's immunization record.  AL HISTORY: Your child attends day care/ preschool? [] No [] Yes  MEDICAL HISTORY:  Dur child: has had a blood lead test? [] No [] Yes, names of medications has allergy to any medications? [] No [] Yes, names of medications has allergy to anything else (pets, food, etc.)? [] No [] Yes, specify has been admitted to the hospital? [] No [] Yes, Name of the hospital, Age, Reason has had any of the following:  Chicken pox [] No [] Yes Ear infection [] No [] Yes Speech problem [] No [] Yes Rubella(German measles) [] No [] Yes Pneumonia [] No [] Yes Dental problem [] No [] Yes Rubella(German measles) [] No [] Yes Frequent diarrhea [] No [] Yes Mental problem [] No [] Yes Strep throat [] No [] Yes Overweight [] No [] Yes Heart disease [] No [] Yes Asthma [] No [] Yes Overweight [] No [] Yes Anemia [] No [] Yes		Drug problem	[] No	[] Yes	Sudden death	[] No	] Yes	Birth defects	[] No	[] Yes	
MMUNIZATIONS: Please attach a copy of your child's immunization record.  COCIAL HISTORY: Your child attends day care/ preschool? [] No [] Yes  PAST MEDICAL HISTORY:  Your child: has had a blood lead test? [] No [] Yes, Result: [] Normal [] Abnormal, result on; [] Rechecked or [] Treated on takes any medications? [] No [] Yes, names of medications has allergy to any medications? [] No [] Yes, names of medications has allergy to anything else (pets, food, etc.)? [] No [] Yes, specify has been admitted to the hospital? [] No [] Yes, Name of the hospital, Age, Reason has had any of the following:  Chicken pox	INIZATIONS: Please attach a copy of your child's immunization record.  AL HISTORY: Your child attends day care/ preschool? [] No [] Yes  MEDICAL HISTORY:  Dur child: has had a blood lead test? [] No [] Yes, Result: [] Normal [] Abnormal, result on; [] Rechecked or [] Treated on  takes any medications? [] No [] Yes, names of medications has allergy to any medications? [] No [] Yes, names of medications has been admitted to the hospital? [] No [] Yes, Name of the hospital, Age, Reason has had any of the following:  Chicken pox	)EVEL			ver Sit a		ıloneak in sentences		vvaik alor	Walk alone Toilet trained		
PAST MEDICAL HISTORY: Your child attends day care/ preschool? [] No [] Yes  PAST MEDICAL HISTORY:  Your child: has had a blood lead test? [] No [] Yes, Result: [] Normal [] Abnormal, result on; [] Rechecked or [] Treated on takes any medications? [] No [] Yes, names of medications has allergy to any medications? [] No [] Yes, names of medications has allergy to anything else (pets, food, etc.)? [] No [] Yes, specify has been admitted to the hospital? [] No [] Yes, Name of the hospital, Age, Reason has had any of the following:  Chicken pox	AL HISTORY: Your child attends day care/ preschool? [] No [] Yes  MEDICAL HISTORY:  Dur child: has had a blood lead test? [] No [] Yes, Result: [] Normal [] Abnormal, result on; [] Rechecked or [] Treated on  takes any medications? [] No [] Yes, names of medications has allergy to any medications? [] No [] Yes, names of medications has allergy to anything else (pets, food, etc.)? [] No [] Yes, specify has been admitted to the hospital? [] No [] Yes, Name of the hospital, Age, Reason has had any of the following:  Chicken pox		Say mama or dada	Say 2-	3 word to	ogether Sp	eak in senter	nces	Toilet trai	ned		
Your child: has had a blood lead test? [] No [] Yes, Result: [] Normal [] Abnormal, result on; [] Rechecked or [] Treated on takes any medications? [] No [] Yes, names of medications has allergy to any medications? [] No [] Yes, names of medications has allergy to anything else (pets, food, etc.)? [] No [] Yes, specify has been admitted to the hospital? [] No [] Yes, Name of the hospital, Age, Reason has had any of the following:    Chicken pox	cour child: has had a blood lead test? [] No [] Yes, Result: [] Normal [] Abnormal, result on; [] Rechecked or [] Treated on takes any medications? [] No [] Yes, names of medications has allergy to any medications? [] No [] Yes, names of medications has allergy to anything else (pets, food, etc.)? [] No [] Yes, specify has been admitted to the hospital? [] No [] Yes, Name of the hospital, Age, Reason has had any of the following:    Chicken pox		Say mama or dada	Say 2-	3 word to	ogether Sp	eak in senter	nces	Toilet trai	ned		
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has allergy to any medications? [] No [] Yes, names of medications	has allergy to any medications? [] No [] Yes, names of medications_ has allergy to anything else (pets, food, etc.)? [] No [] Yes, specify_ has been admitted to the hospital? [] No [] Yes, Name of the hospital, Age, Reason has had any of the following:  Chicken pox	Sch Mmun Social Past N	Say mama or dada Averaged performance: Good Averaged Averaged Please attach a copy and attends day attended the strength of the s	Say 2- erage of your ch y care/ pres	3 word to Poor illd's important of the section of t	ogether Sp  munization record. [] No [] Yes	eak in senter	nces	Toilet trai	ned		
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has been admitted to the hospital? [] No [] Yes, Name of the hospital, Age, Reason	has been admitted to the hospital? [] No [] Yes, Name of the hospital, Age, Reason	Sch MMUN Bocial Past N	Say mama or dada Avicol performance: Good good good good good good good good	Say 2- erage of your ch y care/ pres [] No [] Ye No [] Yes,	3 word to Poor nild's im- school? s, Result names c	ogether Sp munization record. [] No [] Yes t: [] Normal [] Abnormal, resort medications	eak in senter	nces	Toilet trai	ned		
has had any of the following:  Chicken pox	has had any of the following:  Chicken pox	Sch Mmun Social Past N	Say mama or dada Avicol performance: Good	Say 2- erage of your ch y care/ pres  No [] Ye No [] Yes, ions? [] No	3 word to Poor iild's im school? s, Result names c [] Yes _	munization record.  [] No [] Yes  t: [] Normal [] Abnormal, resoft medications, names of medications_	eak in senter	on	Toilet trai	ned		
Chicken pox       [] No       [] Yes       Ear infection       [] No       [] Yes       Hearing problem       [] No         Measles       [] No       [] Yes       Pneumonia       [] No       [] Yes       Speech problem       [] No         Rubella(German measles)       [] No       [] Yes       Urine infection       [] No       [] Yes       Dental problem       [] No         Mumps       [] No       [] Yes       Frequent diarrhea       [] No       [] Yes       Mental problem       [] No         Strep throat       [] No       [] Yes       Constipation       [] No       [] Yes       Heart murmur       [] No	Chicken pox       [] No       [] Yes       Ear infection       [] No       [] Yes       Hearing problem       [] No       [] Yes         Measles       [] No       [] Yes       Pneumonia       [] No       [] Yes       Speech problem       [] No       [] Yes         Rubella(German measles)       [] No       [] Yes       Urine infection       [] No       [] Yes       Dental problem       [] No       [] Yes         Mumps       [] No       [] Yes       Frequent diarrhea       [] No       [] Yes       Mental problem       [] No       [] Yes         Strep throat       [] No       [] Yes       Constipation       [] No       [] Yes       Heart murmur       [] No       [] Yes         Asthma       [] No       [] Yes       Overweight       [] No       [] Yes       Heart disease       [] No       [] Yes         Eczema       [] No       [] Yes       Underweight       [] No       [] Yes       Anemia       [] No       [] Yes	Sch Mmun Social Past N	Say mama or dada Avicol performance: Good Jeas attends data attends	Say 2- erage of your ch y care/ pres  [] No [] Yes, ions? [] No e (pets, foc	3 word to Poor nild's important of the content	ogether Sp	eak in senter	on	Toilet trai	ned		
Measles     [] No     [] Yes     Pneumonia     [] No     [] Yes     Speech problem     [] No       Rubella(German measles)     [] No     [] Yes     Urine infection     [] No     [] Yes     Dental problem     [] No       Mumps     [] No     [] Yes     Frequent diarrhea     [] No     [] Yes     Mental problem     [] No       Strep throat     [] No     [] Yes     Constipation     [] No     [] Yes     Heart murmur     [] No	Measles       [] No       [] Yes       Pneumonia       [] No       [] Yes       Speech problem       [] No       [] Yes         Rubella(German measles)       [] No       [] Yes       Urine infection       [] No       [] Yes       Dental problem       [] No       [] Yes         Mumps       [] No       [] Yes       Frequent diarrhea       [] No       [] Yes       Mental problem       [] No       [] Yes         Strep throat       [] No       [] Yes       Constipation       [] No       [] Yes       Heart murmur       [] No       [] Yes         Asthma       [] No       [] Yes       Overweight       [] No       [] Yes       Heart disease       [] No       [] Yes         Eczema       [] No       [] Yes       Underweight       [] No       [] Yes       Anemia       [] No       [] Yes	Sch Mmun Social Past N	Say mama or dada Avicol performance: Good Avicol performance: Good	Say 2- erage of your ch y care/ pres [] No [] Yes, ions? [] No e (pets, foc nospital? []	3 word to Poor nild's important of the content	ogether Sp	eak in senter	on	Toilet trai	ned		
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Mumps     I No     Yes     Frequent diarrhea     No     Yes     Mental problem     No       Strep throat     No     Yes     Constipation     No     Yes     Heart murmur     No	Mumps     [] No     [] Yes     Frequent diarrhea     [] No     [] Yes     Mental problem     [] No     [] Yes       Strep throat     [] No     [] Yes     Constipation     [] No     [] Yes     Heart murmur     [] No     [] Yes       Asthma     [] No     [] Yes     Overweight     [] No     [] Yes     Heart disease     [] No     [] Yes       Eczema     [] No     [] Yes     Underweight     [] No     [] Yes     Anemia     [] No     [] Yes	Sch Mmun Social Past N	Say mama or dada Avicol performance: Good Avicol performance: Good	Say 2- erage of your ch y care/ pres  [] No [] Yes, ions? [] No e (pets, foc nospital? [] ng:	3 word toPoor iild's im school? s, Resul names c [] Yes _ d, etc.)? No [] Yes	munization record.  [] No [] Yes  t: [] Normal [] Abnormal, resoft medications, names of medications, specify ses, Name of the hospital  Ear infection	eak in senter		Toilet trai; [] Rechecked or [] Age, Reason	Treated on _		
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ASTIIIIA     NO     Yes   Overweight     NO     Yes   Dealt disease     NO	Eczema [] No [] Yes Underweight [] No [] Yes Anemia [] No [] Yes	Sch MMUN Bocial Past N	Say mama or dada Avicol performance: Good per	Say 2- erage of your ch y care/ pres  [] No [] Ye No [] Yes, ions? [] No e (pets, foc nospital? [] ng:  [] No [] No [] No [] No	3 word to Poor villd's imischool?  s, Result names colly yes _ Yes	munization record.  [] No [] Yes  t: [] Normal [] Abnormal, resoft medications, names of medications, specify es, Name of the hospital  Ear infection, Pneumonia, Urine infection, Frequent diarrhea	eak in senter  Sult		Toilet trai ; [] Rechecked or []  Age, Reason  Hearing problem  Speech problem  Dental problem  Mental problem	Treated on	[] Yes [] Yes [] Yes [] Yes	
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	Tay level [] No [] Yes   Eye problem [] No [] Yes   Convulsion [] No [] Yes	Sch Mmun Social Past N	Say mama or dada Avicol performance: Good	Say 2- erage of your ch y care/ pres  [] No [] Yes, ions? [] No e (pets, foc nospital? [] ng:	3 word toPoor iild's im school?  s, Resul' names c [] Yes _ d, etc.)? No [] Yes	munization record.  [] No [] Yes  t: [] Normal [] Abnormal, resoft medications, names of medications, specify es, Name of the hospital  Ear infection, Pneumonia, Urine infection, Frequent diarrhea, Constipation, Overweight	eak in senter sult	, /	Toilet trai  Toilet trai  Age, Reason  Hearing problem  Speech problem  Dental problem  Mental problem  Heart murmur  Heart disease	Treated on	[] Yes [] Yes [] Yes [] Yes [] Yes [] Yes	
Tay level [ No   ] Yes   Eye problem   [ No   ] Yes   Convulsion   [ No		Sch Mmun Social Past N	Say mama or dada Avicol performance: Good	Say 2- erage of your ch y care/ pres  [] No [] Ye No [] Yes, ions? [] No e (pets, foc nospital? [] No	3 word to Poor iild's important school?  s, Result names of Poor Poor Poor Poor Poor Poor Poor P	munization record.  [] No [] Yes  t: [] Normal [] Abnormal, resoft medications, names of medications, specify ses, Name of the hospital  Ear infection Pneumonia Urine infection Frequent diarrhea Constipation Overweight Underweight	eak in senter  Sult		Toilet trai  Toilet trai  Age, Reason  Hearing problem  Speech problem  Dental problem  Mental problem  Heart murmur  Heart disease  Anemia	Treated on	[] Yes	
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		Sch MMUN SOCIAL PAST N You	Say mama or dada Avicol performance: Good	Say 2- erage of your ch y care/ pres  [] No [] Ye No [] Yes, ions? [] No e (pets, foc nospital? [] No	3 word to Poor iild's important school?  s, Result names of Poor Poor Poor Poor Poor Poor Poor P	munization record.  [] No [] Yes  t: [] Normal [] Abnormal, resoft medications, names of medications, specify ses, Name of the hospital  Ear infection Pneumonia Urine infection Frequent diarrhea Constipation Overweight Underweight	eak in senter  Sult		Toilet trai  Toilet trai  Age, Reason  Hearing problem  Speech problem  Dental problem  Mental problem  Heart murmur  Heart disease  Anemia	Treated on	[] Yes	
form filled by Reviewed by	filled by Reviewed by	Sch MMUN SOCIAL PAST N You	Say mama or dada	Say 2- erage of your ch y care/ pres  [] No [] Ye No [] Yes, ions? [] No e (pets, foc nospital? [] No	3 word to Poor iild's important school?  s, Result names of Poor Poor Poor Poor Poor Poor Poor P	munization record.  [] No [] Yes  t: [] Normal [] Abnormal, resoft medications, names of medications, specify es, Name of the hospital  Ear infection Pneumonia Urine infection Frequent diarrhea Constipation Overweight Underweight Eye problem	eak in senter  Sult		Toilet trai  Toilet trai  Age, Reason  Hearing problem  Speech problem  Dental problem  Mental problem  Heart murmur  Heart disease  Anemia	Treated on	[] Yes	