



CHILD'S HEALTH HISTORY:

BIRTH WEIGHT: _____

BIRTH LENGTH: _____

PROBLEMS IN THE NEWBORN PERIOD:

HOSPITALIZATIONS:

SURGERY:

PLEASE CHECK ALL THAT APPLY:

- _____ ASTHMA
- _____ ANEMIA
- _____ FREQUENT EAR INFECTIONS
- _____ DIABETES
- _____ HEART PROBLEMS
- _____ URINARY TRACT INFECTIONS
- _____ CONVULSIONS
- _____ CHICKEN POX
- _____ ROSEOLA
- _____ ORTHOPEDIC PROBLEMS
- _____ INJURIES
- _____ ALLERGIES
- _____ OTHER

FAMILY HISTORY:

PLEASE CHECK ALL THAT APPLY AND INDICATE RELATIVE:

- _____ HEART DISEASE OR HEART MUMURS EARLY
- _____ EARLY HEART ATTACKS
(MEN BEFORE AGE 50 – WOMEN BEFORE AGE 60)
- _____ HIGH CHOLESTEROL
- _____ HIGH BLOOD PRESSURE
- _____ ASTHMA
- _____ ALLERGIES: FOOD () SEASONAL () MEDICATION ()
- _____ CONVULSIONS: FEBRILE () EPILEPSY ()
- _____ FREQUENT EAR INFECTIONS
- _____ DIABETES
- _____ GENETIC SYNDROMES
- _____ ANEMIA
- _____ ANY FAMILY MEMBERS WITH IMMUNE PROBLEMS OR ON
CHEMOTHERAPY OR WITH ORGAN TRANSPLANTS

DAY CARE/SCHOOL:

If your child attends one of the following list the name:

- Day Care _____
- Primary _____
- Secondary _____