

Date \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ Chart# \_\_\_\_\_

**Family History**

Mother's Health \_\_\_\_\_

Father's Health \_\_\_\_\_

Sibling	DOB	Sex	Health

Have you ever had a miscarriage? Yes\_No\_\_\_\_

If yes, how many times?\_

Diabetes

Asthma/Atopy

Seizures

Hypercholesterolemia

Heart Disease

Kidney Disease

Mental Illness

Others \_\_\_\_\_

**Social History**

Lead exposure/other \_\_\_\_\_

TB Contacts \_\_\_\_\_

Any pets at home?\_\_ \_

What kind?\_\_\_\_\_

Who lives with child? \_

City/well water \_\_\_\_\_

Smoking at home-\_\_\_\_\_

**Child's Birth History**

Term/Preterm \_\_\_\_\_

Pregnancy# \_\_\_\_\_

Delivery: VawCS \_\_\_\_\_

Instruments \_\_\_\_\_

Birth weight \_\_\_\_\_

Birth length \_\_\_\_\_

Apgar Score \_\_\_\_\_

Condition at birth:

Respiratory Distress

Oxygen/ventilator

Pneumonia

R/O sepsis

Jaundice/bilirubin \_\_\_\_\_

Rh/ABO incompatibility

Deformities \_\_\_\_\_

Others \_\_\_\_\_

**Child's Feeding History**

Breast \_\_\_\_\_

Formula \_\_\_\_\_

Reflux/meds \_\_\_\_\_

Soft foods added \_\_\_\_\_

Appetite \_\_\_\_\_

Food allergies \_\_\_\_\_

Others \_\_\_\_\_

**Child's Health History**

General health \_\_\_\_\_

Allergies \_\_\_\_\_

Asthma/Reactive Airway Disease

Allergic Rhinitis

RSV Bronchiolitis

Heart murmur

SBE prophylaxis

Anemia

Pneumonia

Meningitis

Atopic Dermatitis

Seizures

Sickle Cell Disease/Sickle Cell Trait

Constipation

Kidney Disease

Ear infections/Tubes

Hearing loss

Vision problems

Chickenpox

Mumps

Rubella

Developmental problems

Injuries \_\_\_\_\_

Surgeries \_\_\_\_\_

Hospitalizations \_\_\_\_\_

Others \_\_\_\_\_



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