

Infant Medical History (0-2 yr old)

Child's Name: _____ Birthdate: _____ Today's Date: _____

Medical History

BirthWeight: _____ **Pregnancy lasted- Full Term () or Pre Term () and /or # of week's** _____

Type of Delivery: *Vaginal or C-section* **Mother's age at time of birth** _____ **# of Pregnancies** _____ **# of Deliveries** _____

Has your child ever had urinary tract infection? **Yes No ~ (If yes at what age? _____)**

Has your child ever been diagnosed with asthma or wheezing? **Yes No ~ (If yes at what age? _____)**

Has your child ever had any medical problems? **Yes No ~ Specify:** _____

Has your child ever had any fractures, concussions, or other serious injury? **Yes No ~ Specify (include age):** _____

Does your child have any allergies? **Yes No ~ (If yes, please specify):** _____

Does your child see any specialists? **Yes No ~ If yes, who?** _____

Has your child ever received Occupational, Physical or Speech therapies? **Yes No Explain:** _____

Surgeries or hospitalizations (where the patient was admitted to the hospital):

Age: _____ **Reason:** _____ **Age:** _____ **Reason:** _____

Family History

Does anyone in your family listed below have any chronic diseases/illnesses.....(like diabetes, heart attacks, strokes, depression, asthma, cancer, thyroid) or any other diseases we should know about? Check alive or deceased. If no health issues, check healthy.

Foster Care **Adopted**

Father: **alive** **deceased** **healthy** **other Explain** _____

Mother: **alive** **deceased** **healthy** **other Explain** _____

Siblings: **alive** **deceased** **healthy** **other Explain** _____

Father's Father: **alive** **deceased** **healthy** **other Explain** _____

Father's Mother: **alive** **deceased** **healthy** **other Explain** _____

Mother's Father: **alive** **deceased** **healthy** **other Explain** _____

Mother's Mother: **alive** **deceased** **healthy** **other Explain** _____

Social History

Parents' marital status: **Married** **Unmarried** **Separated** **Divorced** **Widowed**

Home situation: **Both Parents** **Mother** **Father** **Relative** **Adopted** **Foster**

Childcare? **None** **Relative** **Private sitter** **Daycare**

Smoke/CO detectors in home? **Yes No** **Animal exposure?** **Yes No**

Passive smoke exposure? **Yes No ~ Outside Inside**