

Birth History:

Birth Weight: _____ lbs _____ oz Length: _____
Full term? Y N Premature: _____ wks Late: _____ wks
Vaginal Delivery? Y N Cesarean Section? Y N

Complications: _____

Newborn Complications: Injuries Special Care Breathing Prob.
Seizures Jaundice Medications

Was the infant discharged from the hospital at the same time as his/her mother: Y N

Medical History:

- Allergies Anemia Asthma ADD/ADHD
- Bedwetting Behavioral prob Chronic lung disease
- Constipation Cystic Fibrosis Epilepsy/seizures Eating disorders
- Ear infections Eye problems Feeding issues Hearing problems
- Heart problems Colic Immune defic. Kidney problems
- Lead poisoning Learning disorders Meningitis Pain (chronic or unusual)
- Pneumonia Prematurity Sickle Cell Anemia Other _____

If yes, please describe: _____

Immunizations reaction(s): _____

Bleeding disorder(s): _____

Cancer: _____

Congenital Issues: _____

Additional information can be provided here:

Surgeries (please list with dates):

Medications (please include any vitamins or supplements):

Developmental History (please list ages):

_____ Rolled over	_____ Sat Unassisted	_____ Sat alone
_____ Crawled	_____ Pulled to stand	_____ Walked (holding on)
_____ Walked alone	_____ Spoke	_____ Potty trained