

INDIVIDUAL/FAMILY HISTORY DATABASE

Name: _____ M: ___ F: ___ Date of Birth: _____
 Mother's Name: _____ Age: _____ Phone: _____
 Father's Name: _____ Age: _____ Phone: _____

Family

Sibling Name: _____ Age: _____ Sibling Name: _____ Age: _____
 Sibling Name: _____ Age: _____ Sibling Name: _____ Age: _____
 Sibling Name: _____ Age: _____ Sibling Name: _____ Age: _____

Living in household: _____
 Caretaker/Daycare/School: _____

Personal History

Birth History

Hospital _____
 Delivery Type _____
 Vaginal: ___ C Section: ___
 Length of Pregnancy: _____
 Delivery Complications: _____

Heath History

Allergies/Reactions: _____
 Drugs: _____
 Foods: _____
 Vaccines: _____
 Insects: _____

Scarlet fever/strep throat: _____
 Seizures: _____
 Other: _____

Condition at Birth:
 Weight: _____ Length: _____
 Birth Defects: Y N Unknown
 Problems: Y N Unknown

Anemia: _____
 Asthma: _____
 Chicken Pox: _____
 Ear Infection: _____
 Heart Trouble: _____
 Kidney/Bladder Inf: _____
 Immunizations UTD _____
 Where _____
 Menarche: _____
 Respiratory: _____
 Rheumatic Fever: _____

Hospitalizations/Surgeries

Accidents: _____
 Hospitalizations: _____

 Primary Care Provider elsewhere: _____

Metabolic screening: Y N Unknown
 Result: _____
 Blood type: Mother ___ Father ___
 Age at D/C: _____
 D/C Weight: _____
 Home Visit Weight: _____
 Breast Formula: _____

Records Requested: Y N

Family History

Alcohol Abuse: _____
 Allergies: _____
 Asthma: _____
 Autoimmune Illnesses: _____
 Birth Defects: _____
 Blood Disorders/Anemia: _____
 Cancer: _____
 Crib Death: _____
 Diabetes: _____

Drug Abuse: _____
 GI Disorders: _____
 Heart Condition: _____
 Hypertension: _____
 Kidney Disease: _____
 Liver Disease: _____
 Mental Illness: _____
 Mental Retardation: _____
 Milk Allergies: _____
 Lactose Intolerance: _____

Multiple Births: _____
 Neuromuscular Diseases: _____
 Seizures: _____
 Sickle Cell Disorder: _____
 Smoke: _____
 Stroke: _____
 Tuberculosis: _____
 Vision/Hearing Loss: _____
 Other: _____

FILLED OUT BY OFFICE STAFF ONLY

Problem List

Medications List

