



## PAST MEDICAL HISTORY

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

### BIRTH HISTORY

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

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

Location of delivery \_\_\_\_\_

Pregnancy was:  Uncomplicated  
 Complicated by: \_\_\_\_\_  
 Gestational Diabetes  
 Hypertension  
 Pre-eclampsia

There was:  Premature Rupture of Membranes  
 Premature Delivery  
 Prolonged Labor \_\_\_\_\_ Hours  
 Normal Vaginal  
 C/Section for \_\_\_\_\_

DURING THE PREGNANCY, DID MOTHER:  
 Smoke  NO  YES

Drink alcohol  NO  YES

Use drugs or medications  NO  YES

What? \_\_\_\_\_ When? \_\_\_\_\_

WAS THE DELIVERY:  
 Vaginal  NO  YES

C-Section  NO  YES

BABY WENT HOME FROM HOSPITAL AFTER:  
 \_\_\_\_\_ DAYS

### PAST HISTORY

Any existing medical problems?  NO  YES \_\_\_\_\_

Is your child on any current medications?  NO  YES \_\_\_\_\_

Allergies (seasonal, environmental, food or medication)  NO  YES \_\_\_\_\_

Any previous hospitalizations?  NO  YES \_\_\_\_\_

Any previous surgeries?  NO  YES \_\_\_\_\_

Asthma, Bronchitis, Bronchiolitis or pneumonia  NO  YES \_\_\_\_\_

Chicken Pox  NO  YES \_\_\_\_\_

Chronic Skin Problem (acne, eczema)  NO  YES \_\_\_\_\_

Diabetes  NO  YES \_\_\_\_\_

Frequent Ear Infections  NO  YES \_\_\_\_\_

Heart Problem or Heart Murmur  NO  YES \_\_\_\_\_

Use of drugs or alcohol  NO  YES \_\_\_\_\_

### FAMILY HISTORY

PLEASE LIST WHICH RELATIVE:  
 Diabetes  NO  YES \_\_\_\_\_

High Blood Pressure  NO  YES \_\_\_\_\_

Heart Disease  NO  YES \_\_\_\_\_

Asthma  NO  YES \_\_\_\_\_

Allergies  NO  YES \_\_\_\_\_

Cancer  NO  YES \_\_\_\_\_

Alcohol or Drug Abuse  NO  YES \_\_\_\_\_