

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

### HEALTH INFORMATION BACKGROUND (Child: 2 Years or Younger)

Please take a few minutes to complete the following, describing your child's **usual** condition. His/her current problem will be discussed in depth with your doctor.

Did child's mother have any complications or illnesses during pregnancy? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Medications taken during pregnancy \_\_\_\_\_

Was child born at term (40 weeks)? \_\_\_\_\_ If not, how early/late? \_\_\_\_\_

(Circle One) Delivery Vaginal or Caesarean Section? Please explain any difficulties during labor and or delivery: \_\_\_\_\_

Child's birth weight \_\_\_\_\_ length \_\_\_\_\_ single delivery? \_\_\_\_\_ Did child leave hospital with mother? \_\_\_\_\_

Does the child have? (check if yes):

\_\_\_\_ Feeding Problems      \_\_\_\_ Birth Defects  
\_\_\_\_ Breathing Problems      \_\_\_\_ Jaundice  
\_\_\_\_ Metabolic Problems      \_\_\_\_ Liver Problems  
\_\_\_\_ Cystic Fibrosis      \_\_\_\_ Thyroid Disease  
\_\_\_\_ Bowel or Bladder Problems

Has your child ever had? (if yes give the date)

\_\_\_\_ Ear Infections      \_\_\_\_ Pneumonia  
\_\_\_\_ Chicken Pox      \_\_\_\_ Mumps  
\_\_\_\_ Tuberculosis      \_\_\_\_ Measles  
\_\_\_\_ Seizures      \_\_\_\_ Croup  
\_\_\_\_ Anemia      \_\_\_\_ Other explain \_\_\_\_\_

Does child breastfeed? \_\_\_\_\_ How often and for how long? \_\_\_\_\_

Type of formula? \_\_\_\_\_ How often and how much? \_\_\_\_\_

Does child take vitamins? \_\_\_\_\_

Age (approximate) when child:

Lifted head while laying on stomach \_\_\_\_\_

Was able to roll over \_\_\_\_\_

Could sit up without help \_\_\_\_\_

Spoke first word \_\_\_\_\_

Spoke in a sentence \_\_\_\_\_

Started solid foods \_\_\_\_\_

Is child up to date for age with immunizations? \_\_\_\_\_ If no, which were missed? \_\_\_\_\_

Any reactions to previous immunizations? \_\_\_\_\_

Any Hospitalizations? \_\_\_\_\_

Surgeries? \_\_\_\_\_

Allergies? \_\_\_\_\_

Medications? \_\_\_\_\_

Do any illnesses or conditions run in the child's family? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Other Concerns or problems we should know about: \_\_\_\_\_