



# Personal Health History

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Today's date: \_\_\_\_\_

## Please answer the following questions regarding your child's birth history:

Birth hospital: \_\_\_\_\_

Mom's age at birth: \_\_\_\_\_

Gestational age at birth: \_\_\_\_\_ weeks

Birth weight: \_\_\_\_\_ Discharge weight: \_\_\_\_\_

Type of birth:  Vaginal birth  C-Section

## Please answer the following questions about your child's birth and first days of life

- Pregnancy Complications.....  Yes  No
- Vacuum-Assisted Birth.....  Yes  No
- NICU admission.....  Yes  No
- Preterm Labor.....  Yes  No
- Scalp bruise.....  Yes  No
- Neonatal Abstinence Syndrome.....  Yes  No
- Premature Rupture of Membranes.....  Yes  No
- Meconium.....  Yes  No
- Jaundice.....  Yes  No
- Fetal Distress.....  Yes  No
- Intubation/ Breathing Problems.....  Yes  No
- Passed Hearing Test.....  Yes  No
- Maternal or Child Infection.....  Yes  No
- Clavicle Fracture.....  Yes  No
- Received Hep B Vaccine.....  Yes  No

**For YES answers, please provide additional details:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Please indicate whether or not your child currently has, or has previously had, the following conditions:

- ADD/ ADHD.....  Yes  No
- Allergies.....  Yes  No
- Anemia.....  Yes  No
- Anxiety Disorders.....  Yes  No
- Arthritis.....  Yes  No
- Asthma.....  Yes  No
- Bedwetting.....  Yes  No
- Bladder or Kidney Problems.....  Yes  No
- Blood Diseases.....  Yes  No
- Cancer.....  Yes  No
- Chicken Pox.....  Yes  No
- Concussion/Head Injury.....  Yes  No
- Congenital Anomalies.....  Yes  No
- Constipation.....  Yes  No
- Depression.....  Yes  No
- Developmental/ Behavioral Disorders.....  Yes  No
- Diabetes/ Endocrine Problems.....  Yes  No
- Ear/ Hearing Problems.....  Yes  No
- Eczema/ Hives / Skin Problems.....  Yes  No
- GERD/Reflux.....  Yes  No
- Headaches/Migraines.....  Yes  No
- Heart Disease/Heart Problems.....  Yes  No
- High Blood Pressure.....  Yes  No
- High Cholesterol.....  Yes  No
- Hospital Admission (other than birth).....  Yes  No
- Kidney Disease/ Kidney Stones.....  Yes  No
- Liver Disease.....  Yes  No
- Muscle/ Joint/ Bone Problems.....  Yes  No
- Seizures/ Epilepsy.....  Yes  No
- Serious Illness or Injuries.....  Yes  No
- Surgeries.....  Yes  No
- Thyroid Problems.....  Yes  No
- Tuberculosis.....  Yes  No
- Vision/ Eye Problems.....  Yes  No

**For YES answers, please provide additional details:**

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\_\_\_\_\_