

Medical Information Summary

Child's Name _____ Referred by _____

Date of Birth ____/____/____ Sex _____ Doctor (circle) Black Ellingwood Kumler
Polster Mailloux

Pregnancy History

Mother's age at Delivery _____ Month prenatal care began _____
During pregnancy, the mother had (check) Other Illness _____
 Chicken Pox _____
 Diabetes (insulin or diet controlled?) _____
 Edema (swelling) _____
 Hypertension _____
 Rubella _____
 Toxemia _____ Smoking How much? _____
 Vaginal Bleeding _____ Drinking How much? _____

Birth History

Hospital _____
 Vaginal Cesarean
 Full-Term Premature? How early? _____
Birth Weight _____ lbs. _____ oz.
Complications? _____
Mother's Blood type _____
Baby's blood type _____
 Breast Bottle (which formula?) _____
Did the baby have any problems in the hospital?

Family History

Please check those diseases which have occurred in the child's siblings, parents, grandparents, cousins,
 Asthma Strokes
 Allergies Seizures
 Anemia Mental retardation
 Birth Defects Sickle Cell Disease
 Cancer (Type) _____
 Heart Disease

Environment History

Does anyone ever smoke in your house? _____
Does your child drink well, city, bottled or nursery water?
Was your house built before 1970? _____
List any pets you have _____

Past Medical History

The child has had: _____
 Asthma _____
 Broken bones _____
 Chicken pox at age _____
 Frequent ear infections – date of last? _____
 Seizures – date of last? _____
 Sinusitis _____
Urinary tract (bladder or kidney) infection _____
Other Illnesses/disorders _____

Surgeries (including ear tubes) _____

Hospitalizations _____

Allergies/reactions to medicines _____
Medicines taken regularly _____

Please list any specific concerns you would like to address with doctor: _____

