



# Bayside Medical Group

An affiliate of Packard Children's Health Alliance

## Basic Data Health History for Children

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

Child's name: \_\_\_\_\_ DoB: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth weight: \_\_\_\_\_

### PRENATAL AND BIRTH HISTORY

Date of prenatal visit: \_\_\_\_\_

What number baby for mother? \_\_\_\_ Hospital where born: \_\_\_\_\_ Obstetrician: \_\_\_\_\_

Due date: \_\_\_\_\_ Gestational age at birth (weeks): \_\_\_\_ C-section \_\_\_\_ Vaginal \_\_\_\_ Apgar scores: \_\_\_\_\_

Complications of pregnancy: \_\_\_\_\_

Complications of birth: \_\_\_\_\_

How many days was baby in hospital after birth? \_\_\_\_ Did baby go home with mother? Yes \_\_\_\_ No \_\_\_\_

### THE FAMILY

Parent: \_\_\_\_\_ DoB: \_\_\_\_\_ Parent: \_\_\_\_\_ DoB: \_\_\_\_\_

Where did you grow up? \_\_\_\_\_

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Education/Occupation: \_\_\_\_\_

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Good health? Yes \_\_\_\_ No \_\_\_\_

Good health? Yes \_\_\_\_ No \_\_\_\_

Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Sole parent: \_\_\_\_ How long together? \_\_\_\_\_

Other residents of home, with ages: \_\_\_\_\_

Health problems? \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Family, close friends in area? Yes \_\_\_\_ No \_\_\_\_

Family member in medicine? Yes \_\_\_\_ No \_\_\_\_

Clinician notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WHERE YOU LIVE

House \_\_\_\_ Apartment \_\_\_\_ Child has own room \_\_\_\_ Shares room with \_\_\_\_\_ Safety concerns? \_\_\_\_\_

Lead hazards: Home built before 1960? Yes \_\_\_\_ No \_\_\_\_ Peeling/chipping paint? Yes \_\_\_\_ No \_\_\_\_

Other lead contact (factory or smelter, etc.)? Yes \_\_\_\_ No \_\_\_\_

Guns? Yes \_\_\_\_ No \_\_\_\_ Smokers? Yes \_\_\_\_ No \_\_\_\_ Smoke detectors? Yes \_\_\_\_ No \_\_\_\_ Pets? Yes \_\_\_\_ No \_\_\_\_

Communicable disease hazards: Contact with anyone with TB or HIV? Yes \_\_\_\_ No \_\_\_\_

Close contact with recent immigrant? Yes \_\_\_\_ No \_\_\_\_ Foreign travel? Yes \_\_\_\_ No \_\_\_\_

### FAMILY MEDICAL HISTORY

Diseases in mother's or father's family (please mark all that apply):

high blood pressure \_\_\_\_ high cholesterol \_\_\_\_ heart disease \_\_\_\_ diabetes \_\_\_\_ allergies \_\_\_\_ asthma \_\_\_\_ eczema \_\_\_\_ seizures \_\_\_\_

developmental delay \_\_\_\_ learning disabilities \_\_\_\_ ADHD \_\_\_\_ autism \_\_\_\_ mental illness \_\_\_\_ alcoholism \_\_\_\_ cancer \_\_\_\_

Tay-Sachs \_\_\_\_ TB \_\_\_\_ cystic fibrosis \_\_\_\_ sickle cell \_\_\_\_ SIDS \_\_\_\_ inherited diseases \_\_\_\_ early deaths \_\_\_\_ other: \_\_\_\_\_

Clinician notes: \_\_\_\_\_

\_\_\_\_\_