

(CHILD)

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

DOB: \_\_\_\_\_

**Current/recurrent illnesses and complaints**

Illness/Complaint	Medications/Treatments	Reactions

Allergies, sensitivities, exposures, intolerances (foods, drugs, chemicals, plants, animals, weather, climate, etc.)

Substance	Reactions

**Major Illnesses and Injuries (Past)**

Age	Illness or Injury	Treatment and Complications

OVER →

Hospitalizations/Surgery

Age	Illness or Condition	Treatment and Complications

Pregnancy, labor, delivery, post-partum, including any complications

Mother's Age	Events of Pregnancy	Labor/Delivery	Post-Partum

Family History: Serious or unusual diseases, including (but not limited to) TB, Cancer, Epilepsy, Alcoholism, Sexually transmitted diseases, Mental Illness, etc.

Mother (child's)	Grandmother (child's)	Father (child's)	Grandmother (child's)
	Grandfather (child's)		Grandfather (child's)
Mother's Family		Father's Family	
Sisters (child's)		Brothers (child's)	