



**CHILD HEALTH HISTORY
UNDER 18 MONTH**

Patient Name: _____

DOB: _____

1. Did you receive prenatal care? ____Y____N How much weight did you gain? _____
Were there any complications during delivery? ____Y____N
2. Where was the baby born? _____
Was the baby born two weeks before the due date or earlier? ____y____N
Was the delivery: _____Vaginal _____C-section
3. Did the baby have any problems in the hospital? _____
How many days did you and the baby stay in the hospital? _____
Did you feel depressed at the delivery or at the present time? _____
4. Has your child had any problems in the first few months?
Jaundice _____ feeding problems _____ colic _____ ear infections _____
breathing problems _____
5. Has your child been in the hospital besides birth? _____
6. Has your child ever had a serious accident? _____
7. Have the child's brothers, sisters, parents or grandparents had any of the following:
Allergies _____ asthma _____ birth defects _____ diabetes _____ thyroid problems _____ cancer _____
Death under age 50 from heart attack _____ high blood pressure _____ seizures _____ alcohol
problems _____ drug related problems _____ mental illness _____ physical handicaps _____
tuberculosis _____ hepatitis _____
8. If you are a single parent:
Does your child visit the absent parent? ____y____N
Do you feel comfortable with the safety of your child's visits? ____Y____N
Do you have help available to help with your child (ren)? ____Y____N
9. Does anyone in your house smoke? ____Y____N
10. If your child is being seen today for an illness, what would you have done if the clinic was not in existence?
 - a. Gone to another physician?
 - b. Gone to the emergency room?
 - c. Gone to another walk-in clinic?
 - d. Waited as long as possible, until the situation was an emergency?
 - e. Done nothing due to inability to pay?
11. Do you have any questions or concerns regarding your child (ren) that are not specifically related to why you are here today? _____

Parent Signature _____

Date: _____

P.A. or M.D. Signature _____

Date: _____