CHILD REGISTRATION AND HISTORY RECORD

| _ | ation Data | | | | | | |
|--|--------------------------|---------------------------------------|---|---|--------------------|-------------|------------|
| | me | | | - | • | | |
| | rth// | emale | | | | | |
| Gendermalefemale Race/Ethnicity | | | | Delivery Hospital | | | |
| Nace/Euri | Requested on voluntary b | acic only | | Delivery 1108 | phiai | | |
| Hospita | lizations or Serio | | eual Ilinae | CAC | | | |
| поѕрна | ilzations of Serio | us / Ullu | Suai iiiies | 363 | | | |
| Date | Illness | | Hospital/Doctor's Name | | City, State | City, State | |
| | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Allergies | | | | | | | |
| _ | ncy and Birth | | Yes No | - | nent and Behav | | Yes No |
| Were there any problems during the | | | | | sit alone by 7 mon | | |
| mother's pregnancy? Did the mother use any cigarettes,alcohol | | | | Did the child walk alone by 14 months? Did the child say 3 words by 15 months? | | | |
| recreational drugs or medications during | | | | Is the child doing well in school? | | | |
| the pregnancy? | | | | Does the child get along well with | | | |
| Did the baby come more than 2 weeks early | | | <u> </u> | other children? | | | |
| or 2 weeks late? | | | | Check off any of the following problems | | | |
| What was | the baby's birth weigh | t? | | which the ch | ild has: | | |
| | e any problems during | | | | res/sleep problems | | |
| or delivery? | | | | | | | wetting |
| Were there any problems during the | | | | · · · · · · · · · · · · · · · · · | | | ch problem |
| nursery sta | ay? | · · · · · · · · · · · · · · · · · · · | | Toilet tra | ining problems | Brea | th holding |
| | | | | | | | |
| Family H | History | 01.11.1 | - " | | | Ohild | Comile |
| Illnesses Child | | Family | Diebetee | | Child | Family | |
| Frequent ear infections | | | Diabetes Kidney/bladder problems or infections | | | <u> </u> | |
| Frequent colds/sore throats | | | Seizures/convulsions | | | 금 | |
| Croup Mumps, measles, chicken pox | | | Early heart disease (age 50 or less) | | | H | |
| Wheezing/asthma | | | High blood pressure | | | | |
| Pneumonia | | H | High cholesterol | | | | |
| Eye problems | | | Lung disease/tuberculosis | | | | |
| Hearing problems | | | Sexually transmitted diseases | | | | |
| Hay fever | | | Alcohol/drug abuse | | | | |
| Eczema/skin problems | | . \square | Emotional disorders/suicide attempts | | | | |
| Anemia/blood problems | | | Cancer | | | | |
| Sids | | | | Other | | _ 🗆 | |
| 0 | | | | l la alth | | | |
| General Health | | 7: | Health | oor (Evalain) | | | |
| Ma45 | First Name | Year of I | חות | Sex Good P | , , , | | |
| Mother | **** | | | | | | |
| Father | | | _ | | | | |
| Brothers | | | | | | | |
| & Sisters | | | | | | | |
| S 0,01010 | | | ··· | | | | |
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