



**HEALTH HISTORY: Client Information**

Name: \_\_\_\_\_  
DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: \_\_\_  
SSN/PID#: \_\_\_\_\_  
Race/Ethnicity: \_\_\_\_\_

**Child's Medical History**

Immunizations current: \_\_\_Y\_\_\_N \_\_\_Record unavailable  
Allergy to Medicines?: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_  
Dentist Name: \_\_\_\_\_ Last Visit: \_\_\_\_\_  
\_\_\_Trauma/Injuries \_\_\_Vision problems  
\_\_\_Hospitalizations \_\_\_Hearing problems  
\_\_\_Surgery \_\_\_Seizures  
\_\_\_Medications, \_\_\_\_\_ For: \_\_\_\_\_  
\_\_\_Anemia/Blood Disorder \_\_\_Exposure to lead, toxins  
\_\_\_Early childhood caries \_\_\_Asthma  
\_\_\_Hepatitis \_\_\_Allergies  
\_\_\_Strep throat \_\_\_Eczema  
\_\_\_Ear infections \_\_\_Substance use (alcohol,  
\_\_\_Bladder/kidney infections drug, tobacco)  
\_\_\_Pneumonia \_\_\_Chickenpox  
\_\_\_Developmental delays \_\_\_Other

**Development & Behavior**

\_\_\_Age at which child sat alone \_\_\_Walked \_\_\_Spoke  
\_\_\_Toilet Trained \_\_\_Bicycled  
Compared to other children Same \_\_\_Early \_\_\_Late \_\_\_  
Get along with other children: \_\_\_Yes \_\_\_No  
Learning difficulties: Y/N Behavior Problems: Y/N  
Bad habits: Y/N Bed wetting: Y/N Nail Biting: Y/N  
Explain: \_\_\_\_\_  
Hobbies/Sports/Social activities \_\_\_\_\_

**Family Medical History**

Abbreviations for relatives listed below: M-Mother MM-Mothers Mother  
MF-Mothers Father F- Father FM-Fathers Mother FF-Fathers Father  
S- Sibling MS-Mothers Sister FS-Fathers Sister MB-Mothers Brother  
FB-Fathers Brother  
\_\_\_Anemia/Blood Disorder \_\_\_Heart Disease  
\_\_\_Cholesterol Problems \_\_\_HIV \_\_\_AIDS  
\_\_\_Cystic Fibrosis \_\_\_High Blood Pressure  
\_\_\_Stroke \_\_\_Dental decay  
\_\_\_Asthma/ Allergies \_\_\_Cancer  
\_\_\_Diabetes \_\_\_Epilepsy/Seizures  
\_\_\_Kidney Problems \_\_\_Muscle/ Bone Disease  
\_\_\_Domestic violence \_\_\_Tuberculosis  
\_\_\_Sudden Infant Death  
\_\_\_Physical/sexual/emotional abuse  
\_\_\_Alcohol /Drug Problem \_\_\_Tobacco Use  
\_\_\_Learning disorder \_\_\_Mental Retardation  
\_\_\_Psychiatric disorder \_\_\_Birth Defects  
\_\_\_Early deafness \_\_\_Migraine \_\_\_Arthritis

**Pregnancy/Birth**

G: \_\_\_ P: \_\_\_ AB: \_\_\_ Total number of living children: \_\_\_  
Weight gain/loss: \_\_\_ Mother's age at birth: \_\_\_  
Number of years between previous pregnancy/current: \_\_\_  
Trimester Prenatal Care Began: 1 2 3  
Prenatal Care Provider \_\_\_\_\_  
Vitamins: \_\_\_Y \_\_\_N Iron: \_\_\_Y \_\_\_N

If child over 5 years: uncomplicated pregnancy, labor,  
delivery, and nursery course: \_\_\_Y \_\_\_N if yes, proceed with  
Child's Medical History

**Maternal Complications**

\_\_\_Vaginal Bleeding \_\_\_Flu-like illness or high temp.  
\_\_\_Anemia \_\_\_Kidney or bladder infection  
\_\_\_Hypertension \_\_\_STDs  
\_\_\_Rh Negative \_\_\_Hepatitis (A, B, or C)  
\_\_\_Diabetes \_\_\_Exposure to TB  
\_\_\_Premature labor \_\_\_Exposure to lead/chemicals  
\_\_\_Dental Disease \_\_\_Inquiry hospitalization/  
surgery

**Maternal Substance Use**

\_\_\_OTC meds, \_\_\_\_\_  
\_\_\_Prescription meds, \_\_\_\_\_  
\_\_\_Tobacco \_\_\_Cigarettes/day, \_\_\_\_\_  
\_\_\_Alcohol \_\_\_Street Drugs, \_\_\_\_\_

**Birth/Delivery**

Place of Birth: \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Hours of Labor: \_\_\_\_\_

**Complications**

\_\_\_Term \_\_\_Breech  
\_\_\_Premature (Weeks) \_\_\_Multiple Birth  
\_\_\_More than 2 weeks overdue

**Type of delivery**

\_\_\_Vaginal \_\_\_C-Section \_\_\_Forceps  
Explanation/Other: \_\_\_\_\_

**Nursery Course**

Birth weight \_\_\_lb \_\_\_oz. Birth length \_\_\_in. FOC \_\_\_in.  
\_\_\_Difficulty with breathing \_\_\_Transfusion  
\_\_\_Heart Murmur \_\_\_Jaundice req. treatment  
\_\_\_Infection \_\_\_Seizures  
Age at discharge: \_\_\_ NICU: \_\_\_days

**Newborn blood screening (date/location):**

1) \_\_\_\_\_  
2) \_\_\_\_\_

Newborn hearing test (in hospital): \_\_\_Normal \_\_\_Abnormal  
Type of test: \_\_\_ABR \_\_\_OAE \_\_\_Unknown  
Referral made: \_\_\_Y \_\_\_N

Date: \_\_\_\_\_ Signature/Title: \_\_\_\_\_  
Informant/Relationship: \_\_\_\_\_