Patient________________________________ **DOB**_____________ **Today's Date**_____________

FAMILY HISTORY

	Age	Health Status	Enviromental / Food	Type of Allergy
Mother				
Father				
Sibling				
Sibling				
Sibling				
Sibling				

OTHER

Miscarriage__________________ Month____________________ Cause____
Tuberculosis____________________________________ TB Contacts____
Diabetes____ Convulsive Disease______________________________________
Mother's Blood Type______________________________ Baby's Blood Type______________________________________

BIRTH AND DEVELOPMENT

Term_______________________ __Delivery_______________________ Birth Weight________________
Condition at Birth__________________________________ Apgar Score_________________________
Condition 1st Week____
Feeding____ Cyanosis______________________________
Convulsions_____________________________________ Jaundice______________________________
Sat Up_______________ Stood_______________ Walked________________ Words_______________
Short Sentences______________ First Teeth____________ Bladder____________ Bowel______________

FEEDING HISTORY

Breast_______________________ Formula____________________ Vitamins_________________________
Primary Drinking Supply: ☐ Well ☐ City/Municipal ☐ Bottle
Area Water Fluoride Level: ☐ Inadequate ☐ Adequate ☐ Unknown
Fluoride Supplements: Topical ☐ Rinse ☐ Gel ☐ Paste
Systemic ☐Vitamina/Suplemento de Fluor ☐Fluoride Only Supplement
Soft Food________________________________ Present Diet_____________________________________
Feeding Habits______________________________________ Appetite_____________________________
Likes____ Dislikes______________________________________
Vomiting_______________________ Stools________________________ Sensitivity______________________
Hives______________________________

ILLNESSSES

TYPE	DATE
Pertussis	
Measles	
Rubella	
Mumps	
Chickenpox	
Scarlet Fever	
Diphtheria	
Operations	
T. and A.	
Allergy	

TYPE	DATE
Appendix	
Glands	
Rheumatic Fever	
Otitis	
Colds	
Tonsillitis	
Convulsions	
Constipation	
Diarrhea	
Asthma	