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## Infant Medical History (0-2 years old)

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Medical History

Birth weight: \_\_\_\_\_ Pregnancy lasted:  Full Term    Pre-Term   or # of weeks: \_\_\_\_\_  
 Type of delivery:  Vaginal    C-Section   Mother's age at time of birth \_\_\_\_\_ # of pregnancies: \_\_\_\_\_ # of deliveries: \_\_\_\_\_

Has your child ever had a urinary tract infection?  Yes    No (If Yes, what age? \_\_\_\_\_ )

Has your child ever been diagnosed with asthma or wheezing?  Yes    No (If Yes, what age? \_\_\_\_\_ )

Has your child ever had any medical problems?  Yes    No   Specify: \_\_\_\_\_

Has your child ever had any fractures, concussions, or other serious injury?  Yes    No   Specify (include age): \_\_\_\_\_

Does your child have any allergies?  Yes    No (If Yes, specify): \_\_\_\_\_

Does your child see any specialists?  Yes    No (If Yes, who?): \_\_\_\_\_

Has your child ever received Occupational, Physical or Speech therapies?  Yes    No   Explain: \_\_\_\_\_

Surgeries or hospitalizations (where the patient was admitted to the hospital):

Age: \_\_\_\_\_ Reason: \_\_\_\_\_    Age: \_\_\_\_\_ Reason: \_\_\_\_\_

### Family History

Does anyone in your family listed below have any chronic diseases/illnesses (Like diabetes, heart attacks, strokes, depression, asthma, cancer, thyroid) or any other diseases we should know about? Check alive or deceased. If no health issues, check healthy.

Foster Care     Adopted

Father:  Alive    Deceased    Healthy    Other Explain: \_\_\_\_\_

Mother:  Alive    Deceased    Healthy    Other Explain: \_\_\_\_\_

Siblings:  Alive    Deceased    Healthy    Other Explain: \_\_\_\_\_

Father's Father:  Alive    Deceased    Healthy    Other Explain: \_\_\_\_\_

Father's Mother:  Alive    Deceased    Healthy    Other Explain: \_\_\_\_\_

Mother's Father:  Alive    Deceased    Healthy    Other Explain: \_\_\_\_\_

Mother's Mother:  Alive    Deceased    Healthy    Other Explain: \_\_\_\_\_

### Social History

Parents marital status:    Married    Unmarried    Separated    Divorced    Widowed

Home situation:    Both Parents    Mother    Father    Relative    Adopted    Foster

Childcare?    None    Relative    Private sitter    Daycare

Smoke/CO Detectors in home?    Yes    No   Animal Exposure?    Yes    No

Passive smoke exposure?    Yes    No   —    Outside    Inside