



Healthy Children, Healthy Communities

LUFKIN • WOODVILLE • JASPER • RUSK

MEDICAL INFORMATION

PATIENT'S NAME: _____ TODAY'S DATE : _____

PREGNANCY INFORMATION(THIS CHILD)

AGE OF MOTHER AT TIME OF CHILD'S BIRTH: _____ MOTHER'S BLOOD TYPE: _____

TOTAL # OF PREGNANCIES: _____ THIS PREGNANCY WAS #: _____

OF MISCARRIAGES/STILLBIRTHS/ABORTIONS: _____ # OF LIVING CHILDREN: _____

WAS THE PREGNANCY COMPLICATED BY: ANEMIA _____ BLEEDING _____ HIGH BLOOD PRESSURE _____
INFECTION _____ OTHER: _____

BIRTH INFORMATION(THIS CHILD)

CHILD'S PLACE OF BIRTH: _____ CITY: _____

WHICH MEDICATIONS WERE NEEDED? _____

TYPE OF DELIVERY: NORMAL C-SECTION FORCEPS BREECH

BIRTH WEIGHT: _____ LENGTH: _____ BLOOD TYPE: _____

LIST ANY COMPLICATIONS AT BIRTH: _____

MEDICAL HISTORY(THIS CHILD)

LIST ANY DRUG ALLERGIES AND REACTIONS: _____

PREVIOUS PHYSICIAN: _____ CITY: _____

LIST MAJOR ILLNESSES OR DIAGNOSES: _____

OF HOSPITALIZATIONS: _____ REASONS: _____

OF SURGERIES: _____ REASONS: _____

FAMILY MEDICAL HISTORY

MOTHER'S AGE: _____ STATE OF HEALTH: _____

LIST MAJOR ILLNESSES/MEDICATIONS: _____

FATHER'S AGE: _____ STATE OF HEALTH: _____

LIST MAJOR ILLNESSES/MEDICATIONS: _____

OTHER SIGNIFICANT MEDICAL PROBLEMS IN RELATIVES: _____

EMERGENCY INFORMATION(PERSON TO CONTACT IN CASE OF EMERGENCY OTHER THAN PARENTS)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE #: _____ CELL NUMBER: _____ WORK NUMBER: _____

RELATIONSHIP TO PATIENT: _____