

Child's Full Legal Name: _____

Birth Date: _____ Today's Date: _____

New Born History Questionnaire

Household- *Please list ALL those living in the child's home.*

<u>Name</u>	<u>Relationship to child</u>	<u>Age</u>	<u>Health Problems</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there siblings not listed? Is so, please list their names and ages and where they live _____

If mother and father are not living together or if child does not live with parents, what is the child's custody status _____

If one or both parents are not living in the home, how often does the child see the parent/parents not in the home _____

Pregnancy & Birth – *If you answer **YES** to any of the following questions please describe:*

1.) Any health issues for yourself or baby during pregnancy? **Yes No** _____

2.) Any Tobacco, drugs or alcohol use during pregnancy? **Yes No** _____

3.) List any medication used during your pregnancy? **Yes No** _____

4.) Was baby born vaginally or cesarean section? _____ 5.) How many weeks was baby born at? _____

6.) How much did baby weigh at birth? _____ 7.) Did baby have any health issues at birth? **Yes No** _____

8.) What hospital did you deliver baby at and who was your obstetrician? _____

Family History

*Please circle any of the following conditions that the baby's **blood** relatives have or have had. Identify relative having condition including parents, grandparents, aunt, uncle, brother or sister.*

Asthma/Allergies _____ High Blood Pressure _____

Strokes/Epilepsy _____ Tuberculosis/HIV _____

Thyroid Problems _____ Diabetes _____

Kidney Problems _____ Bleeding Disorders/Anemia _____

Others _____