Patient Name:	DOB:									
Patient's Family Medical History										
Is the patient adopted?YesNo										
Conceived via Sperm Donation Egg Donation	Surro	ogacy?								
Is the child's family history known?YesNo	····	υ,								
		····	$\overline{}$	7	7.	7	7/			
Please circle that the realative the information is			Dad /	Dad	16gr.	, 28th	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
regarding: mom or dad, then maternal (mom) or			2 \	o / / v						
1 4		40,	10,	ZON,	Sollie	100				
paternal (dad) grandparent		Par. Morri	of Dod	of Dad Mai	Old Mar		dra kari dra			
List here if the blood relative is alive (A) or deceased (D)	1 8"	1 80	<u> </u>	/ 6	/ ()	/ 6	- 5			
High Blood Pressure	400000000	rational a	le gair	. 1815 (1.63%)	12000000000	18/3/36/1885	1014(65)21894			
Allergies, Hay Fever	1				100 400 000000	5 5 44 1 EV. CO.	1 10 10 10 10 10 10 10 10 10 10 10 10 10			
Diabetes	1099.85037	1.9 State	et et til sæker	Semen	(\$-10.00)					
Heart Disease ie, Heart Attack, Stroke (please specify)	<u> </u>		CAN NO. 11	1	Charles Gray Co.	The sole person age	14 A 11 A			
High Cholesterol	1986	1888	16.0368.0			33/5/5				
Tuberculosis	1	1 31 31 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1					a tring the Tee			
Depression						digitali				
Anxiety	1	†	<u> </u>	1	1					
Mental Health Disorder (please specify)	- 1958 p	-38899	William of	0.750 9655	· 提高数数		-989 (88) .			
Neurologic Disorders (please specify)										
Alzheimer's Disease	768	\$355£	hi kina	A STARTER	10000	\$1 \$ 700	4500			
Parkinson's Disease										
Asthma		- 開発的基			. Krister					
Anemia										
Arthritis/Joint Disorder			李繼續		Alle Services	OF THE REAL	- Charles vers			
Bleeding Disorder										
Cancer (please list type for each person)	以数(5)。	Walter		. Postovije, K	19.30	保護等				
Hearing Loss					ļ					
Skin Problems		(基)	hettygh.		(K) (K)	· (1)				
Kidney Disease					White England Wales	and the decrees				
Thyroid Problems				57.V394.						
Stomach/Bowel Problems	Lakesija in Ka	a de la granda de	Also than the a	, a Azolasti.	, nikata sakata sa	Switch case	. Thereas with a			
Vision Problems (please specify)	AND MELL	Pari Arri	14.15 TWO	W5408817	1284545	网络沙沙				
Reactions to Anesthesia Alcohol Abuse	10181144	Bilings ac	en nachtus	Ale Salas Se		A PARTIES IN	1,000 No. 4.			
	140 ME 1000		1.8%	12.80004	1.8551,987/62					
Drug Abuse Smoking	. Varens	20.00			er se Serbe W.A.	Kalabaran Kalabaran	nike daa m			
SHOKING TEXAL STANSFER TO THE REST TO A STANSFER THE REST	141/5/1-11			1 12 1 21	v rajnas	A STATE OF THE STA	Professional Control			
LIVING SITUATION If there is additional information	n you'd	like to	share p	lease u	se the b	ack of t	his form.			
How many people live in your household? # of Adults	# o:	f Childre	en							
Names of all people in your household:										
Relationship of parents/guardians: Married Partnered			Separa	ated	Single	Wid	owed Other			
If divorced, separated, or single, is the other parent involved:										
Does the child regularly live in another household? No				•						
Does anyone who lives where the child stays smoke or have s	iignifica	nt healt	:h issue	s:'						
PREVIOUS HEALTH HISTORY FOR YOUR CHILD (has you	ır child	had a	nv of t	he follo	owing)					
Is your child enrolled in special services for: Speech			•							
	_ pella/	/101	Lean	mig						
Trauma/Fractures		6					_			
Chronic or recurrent problems with: Ear Infections										
Any Hospitalizations? No Yes If yes, age(s) Reason										
Any surgeries? No Yes If yes, age(s) Type	of Surg	ery								
Any allergies?NoYes If yes, describe										
			•							
Updated - Date Initials	Updated - Date Initials									
Updated - Date Initials	Updated - Date Initials									

NEWBORN HISTORY

Patient's Name			DOB		
(If patient is greater than 2 years of age, skip to s	side 2)				
Please fill in or check off each item.					
This information will help us provide yo	ur child with qualit	ty medical care.			
Newborn History (Full term = 40 wee	F	Baby's Delivery			
How many weeks gestation?	KO)		ginal		
Birth weight?			Section		
Hepatitis B shot at hospital? Yes	No		luced		
Which pregnancy was this for mom?	Laure I		ontaneous		
How many living children?					
Mom's age at baby's birth?					
What hospital was the baby born at?					
			Yes No Unsure		
Did the baby have any problems at birth	7		monator management provided		
Time in the intensive care nursery?			manufacture manufacture wavestage		
Jaundice, high bilirubin?			Income Income Services		
Need bili-lights?					
Infections?					
Medications?					
Were there any complications with the p	regnancy, labor, de	elivery or birth?			
Diago fill in if you had the fallowing do		بامانطم ماطع ماطنيين			
Please fill in if you had the following du	1st 3 months	2nd 3 months	3rd 3 months		
Infections	TSUS MORERS	ZIIG 3 HORLIS	Sid 5 mondis		
- Cold, Flu					
- Chlamydia, Gonorrhea, etc.					
- Bladder Infections					
Medications					
(other than vitamins)					
Accidents or Injuries					
- Did anyone hurt you?					
Smoking					
- How many packs/day?					
Alcohol					
(Includes beer, wine, other)					
- include type of alcohol					
- How often you drank					
- Amounts you drank					
- Include amounts during time you					
did not know you were pregnant					
Drugs					
- Include type and how often					