

Associates in Family Practice, P.C.

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Vaginal

C-Section

Today's Date

Name

Birth Date

Age

FAMILY HISTORY

Mother

Father

Siblings	Age	Sex	Health
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1

2

3

4

Blood Type:

Miscarrages	Month	Cause
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IMMUNIZATION HISTORY

DTP / DtaP	Date	Date	Date	Date	Date
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(Diphtheria/
Tetanus/Pertussis)

Hepatitis B

HIB

(Hemophilus b)

MMR
(Measles/Mumps
/Rubella)

Polio
(Type - IPV/OPV)

Prenar

T. B.
(Tuberculin Test)

Tetanus / Td

Varicella
(Chicken Pox)

DRUG ALLERGIES

BIRTH HISTORY

Term Premature @ months

Labor Length Delivery

Birth Wt/Length Jaundice? Y N

Instruments Apgar Score Other

FEEDING HISTORY

Breast Formula (type)

Appetite Vomiting

Stools/day Vitamin
supplements

Soft foods added

Present Diet

Food Allergies

idiosyncrasies

Other

HEALTH HISTORY

	Yes	No	Details
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Asthma

Chickenpox

Frequent Colds

Constipation

Confusions

Diarrhea

Ear Infections

Pneumonia

Scarlet Fever

Tonsillitis

Hospitalized

Injuries

Operations

Other