CHILD REGISTRATION AND HISTORY RECORD

Registration Data

Child's Name _____
Date of Birth _____/_____/_____
Gender _____male _____ female
Race/Ethnicity _____ Delivery Hospital _____
Requested on voluntary basis only

Hospitalizations or Serious / Unusual Illnesses

Date	Illness	Hospital/Doctor's Name	City, State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies
_____
_____

Pregnancy and Birth

	Yes	No
Were there any problems during the mother's pregnancy?	☐	☐
Did the mother use any cigarettes,alcohol recreational drugs or medications during the pregnancy?	☐	☐
Did the baby come more than 2 weeks early or 2 weeks late?	☐	☐
What was the baby's birth weight?		
Were there any problems during labor or delivery?	☐	☐
Were there any problems during the nursery stay?	☐	☐

Development and Behavioral

	Yes	No
Did the child sit alone by 7 months?	☐	☐
Did the child walk alone by 14 months?	☐	☐
Did the child say 3 words by 15 months?	☐	☐
Is the child doing well in school?	☐	☐
Does the child get along well with other children?	☐	☐

Check off any of the following problems which the child has:

___Nightmares/sleep problems ___Thumb Sucking
___Irritable/bad temper ___Bed wetting
___Discipline problems ___Speech problems
___Toilet training problems ___Breath holding

Family History

Illnesses	Child	Family		Child	Family
Frequent ear infections	☐	☐	Diabetes	☐	☐
Frequent colds/sore throats	☐	☐	Kidney/bladder problems or infections	☐	☐
Croup	☐	☐	Seizures/convulsions	☐	☐
Mumps, measles, chicken pox	☐	☐	Early heart disease (age 50 or less)	☐	☐
Wheezing/asthma	☐	☐	High blood pressure	☐	☐
Pneumonia	☐	☐	High cholesterol	☐	☐
Eye problems	☐	☐	Lung disease/tuberculosis	☐	☐
Hearing problems	☐	☐	Sexually transmitted diseases	☐	☐
Hay fever	☐	☐	Alcohol/drug abuse	☐	☐
Eczema/skin problems	☐	☐	Emotional disorders/suicide attempts	☐	☐
Anemia/blood problems	☐	☐	Cancer	☐	☐
Sids	☐	☐	Other _____	☐	☐

General Health

	First Name	Year of Birth	Sex	Health: Good	Poor	(Explain)
Mother	_____	_____	_____	____	____	_____
Father	_____	_____	_____	____	____	_____
	_____	_____	_____	____	____	_____
Brothers	_____	_____	_____	____	____	_____
& Sisters	_____	_____	_____	____	____	_____
	_____	_____	_____	____	____	_____
	_____	_____	_____	____	____	_____