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VILLAGE CENTER PEDIATRICS

CHILD REGISTRATION AND HISTORY RECORD

To be filled out by parent or guardian

Child's name_____ **Date of Birth** _____

Sex ____M ____F City of birth/delivery hospital _____

Pregnancy and Birth

		Yes	No
1.	Were there any problems during the mother's pregnancy? *If yes, what problems?*_____	☐	☐
2.	Mother's age at birth _____		
3.	Did the mother use any cigarettes, alcohol, recreational drugs or mediations during pregnancy?	☐	☐
4.	Did the baby come more than 2 weeks early or 2 weeks late? *If yes, how many weeks (early or late)?* _____	☐	☐
5.	What was the baby's birth weight? _____		
6.	Were there any problems during labor or delivery? Vaginal ☐ C-Section ☐	☐	☐
7.	Anesthesia_____		
8.	Were there any problems during the nursery stay? *If yes, what problems?* _____	☐	☐
9.	Other problems_____		
10.	Number of days in the hospital _____		

Development and Behavioral Issues

		Yes	No
1.	Does your child go to a sitter, attend daycare or preschool? If yes, where? _____	☐	☐
2.	Did the child sit alone by 7 months?	☐	☐
3.	Did the child walk alone by 14 months?	☐	☐
4.	Did the child say 3 words by 15 months?	☐	☐
5.	Is the child doing well in school?	☐	☐
6.	Does the child get along well with other children?	☐	☐
7.	Check off any of the following problems which the child has: ☐ Nightmares/sleep problems ☐ Irritable/bad temper ☐ Discipline problems ☐ Speech problems ☐ Thumb sucking ☐ Bed wetting ☐ Toilet training problems ☐ Breath holding		

Feeding and Digestion

		Yes	No
1.	Has the child had any unusual feeding problems?	☐	☐
2.	Have there been any problems with diarrhea or constipation?	☐	☐
3.	Is your drinking water fluoridated?	☐	☐
4.	Does the child ever eat dirt, plaster, or paint?	☐	☐
5.	How many meals does the child eat per day? _____		
6.	Does the child take vitamins, fluoride, iron, or other supplements?	☐	☐
7.	Was/is the child breast ☐ or bottle☐ fed? If discontinued, when? _____		
8.	Has the child ever required oxygen? IV?	☐ ☐	☐ ☐

Health and Safety Issues

		Yes	No
1.	Are there any guns in the child's house?	☐	☐
2.	Does the child use a toothbrush daily?	☐	☐
3.	Does the child use a car seat or seat belt at all times?	☐	☐
4.	Are there smoke detectors in the child's home?	☐	☐
5.	Is the hot water temperature less than 125°?	☐	☐
6.	Do you have rules/limits for television viewing?	☐	☐
7.	Are medicines and potential poisons out of reach?	☐	☐
8.	Do you know child resuscitation or chocking management?	☐	☐

Name of current school_____

Current grade in school_____ Usual grades made in school _____

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