

Generations Family Medicine
Newborn/Infant History

Baby's Name: _____

Today's Date: _____

Date of Birth: _____
Birthweight: _____
Weeks Gestation: _____
Type of Delivery: vaginal C-section

Mother's problems during pregnancy:

CHECK ALL THAT APPLY

- anemia(low blood count)
- high blood pressure
- pre-eclampsia
- diabetes
- alcohol use
- drug use
- measles
- chicken pox
- Group B Strep infection (GBS positive)
- other: _____

Problems at/after Delivery:

- breathing problems
- on a respirator (breathing machine)
- feeding problems
- infection
- jaundice

List any hospitalizations:

List any surgeries or procedures:

Health Problems since Birth

CHECK ALL THAT APPLY

- anemia
- acid reflux (GERD)
- allergies
- asthma or wheezing
- atopic dermatitis (eczema)
- epilepsy
- febrile seizures
- heart murmur
- RSV (respiratory syncytial virus)
- urinary tract infection
- other: _____

List all medications:

Home Environment

Who lives at home with the baby?

**Generations Family Medicine
Newborn/Infant History**

Baby's Name: _____

Today's Date: _____

Who takes care of the baby?		
Does the baby go to daycare?	YES	NO
Does anyone who lives at home smoke?	YES	NO
Was the house/apartment built before 1980?	YES	NO
Is anyone who lives at home exposed to lead at work?	YES	NO

Does the baby have any DRUG ALLERGIES?	YES	NO
List:_____		

FILL OUT BOTH SIDES-->

Generations Family Medicine
Newborn/Infant History

Baby's Name: _____

Today's Date: _____

FAMILY MEDICAL HISTORY- CHECK ALL THAT APPLY

- Asthma**
mother father brother sister grandmother
grandfather son daughter
- Diabetes**
mother father brother sister grandmother
grandfather son daughter
- Heart Attack**
mother father brother sister grandmother
grandfather son daughter
Age at first heart attack: _____
- Heart Disease**
mother father brother sister grandmother
grandfather son daughter
- High Cholesterol**
mother father brother sister grandmother
grandfather son daughter
- High Blood Pressure**
mother father brother sister grandmother
grandfather son daughter
- Stroke**
mother father brother sister grandmother
grandfather son daughter
- Thyroid Disease**
mother father brother sister grandmother
grandfather son daughter
- Depression**
mother father brother sister grandmother
grandfather son daughter
- Other mental illness:(list)**
mother father brother sister grandmother
grandfather son daughter
- Breast Cancer**
mother father brother sister grandmother
grandfather son daughter
- Colon Cancer**
mother father brother sister grandmother
grandfather son daughter
- Melanoma**
mother father brother sister grandmother
grandfather son daughter
- Ovarian Cancer**

- ADD or ADHD
- allergies (animals, pollen, cedar)
- autism or developmental delay
- developmental delay
- Down's syndrome
- epilepsy/seizures
- heart defects/congenital heart disease
- hemophilia
- other: _____

Generations Family Medicine
Newborn/Infant History

mother father brother sister grandmother
grandfather son daughter

Prostate Cancer

mother father brother sister grandmother
grandfather son daughter

Other Cancer: (list)

mother father brother sister grandmother
grandfather son daughter

Baby's Name: _____

Today's Date: _____