PEDIATRIC PERSONAL FILE

PERSONAL INFORMATION:

Child's name : ______________ First name: ______________ Date of birth : yy_____ / mm_____ / dd_____

Mother's name : ______________ First name: ______________ Child's sex : ______________

Father's name: ______________ First name: ______________ Number of brothers : ________ sisters: ________ Rank: ______

Address : ______________________________ Postal code : ____________

Telephone : Home ( ) ______________ Work (mother) ( ) ______________ Work (father) ( ) ______________

Who recommended you to our clinic? friend ❐ Family ❐ Yellow pages ❐ Outside sign ❐ Publicity ❐ other ❐

E-mail: His / Her name:

BIRTH AND DELIVERY :

Weight at birth : ______ Present weight : ______

Height at birth : ______ Present height : ______

Difficulties during pregnancy : ______________________________

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At delivery : Normal vaginal ❐ Forceps ❐ Breech ❐ Caesarean ❐

At home ❐ At the hospital ❐ Which ______________

Difficulties during delivery : ______________________________

Lenght of labor : ______________________________

What was the APGAR : ______ ______ ______ ______________

At birth was there : Jaundice ❐ Cyanoses (blue) ❐

Congenital abnormalities ❐ ______________________________

Feeding : Breast ❐ How long ;________ Bottle ❐ Type of milk________

Sleeping : ______hours per night ; his sleeping is good ❐ fair ❐ agitated ❐

Pediatrician of the child : ______________________________

Date of the last visit: ______________ Reason ______________

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Was there a diagnosis given? ______________________________

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History of vaccination : ______________________________

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Childhood diseases : ______________________________

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Others : ______________________________

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REASON FOR CONSULTATION

REASON FOR PRESENT CONSULTATION :

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Declaration for all:

I declare that the information given on this form is complete and exact and I consent to any necessary examinations for my child. Signature ______________________________ Date: ______________