## **CHILD REGISTRATION AND HISTORY RECORD**

_	tion Data								
Child's Nar	me th//								
Candar	male f	 male							
Gendermalefemale Race/Ethnicity				Delivery Hospital					
racc/Etiiii	Requested on voluntary ba				Delivery	ΙΟΟΡΙΙαΙ			
Hospital	izations or Seriou	-	sual Ilines	sses					
Date	Illness	Hospital/Doctor's Name			City, State				
Allergies									
_	cy and Birth		Yes No		•		and Bel		Yes No
Were there any problems during the				Did the child sit alone by 7 months?					_
mother's pr			]	Did the child walk alone by 14 mont					
	ther use any cigarette al drugs or medication:			Did the child say 3 words by 15 mont ls the child doing well in school?					
the pregna	•		1				long well with		
Did the bal		other children?							
or 2 weeks late?			´ 🗆 🗀	Check off any of the following problem					
What was	the baby's birth weigh	t?			which the	child ha	as:		
	any problems during	labor		7				emsThu	_
or delivery?			LL	•					wetting
Were there any problems during the				· · · · · · · · · · · · · · · · · · ·					ech problem
nursery sta	iy?			1	rollet	ıraınıng	problems	brea	ath holding
Family H	listory								
Illnesses	iistoi y	Child	Family					Child	Family
	ar infections			Diabete	S				
Frequent colds/sore throats				bladder prol	blems o	or infection	s $\square$		
Croup				s/convulsior					
Mumps, measles, chicken pox				Early he	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   Eczema/skin problems			Alcohol/drug abuse						
Anemia/blood problems				Emotional disorders/suicide attempts Cancer					
Sids	ou problems							_	
General	Health				Health				
	First Name	Year of	Birth	Sex		Poor	(Explain)	)	
Mother									
Father									
D (1									
Brothers & Sisters									
a Sisters									