

# Child Health History

## Department of State Health Services Child Health Record Preventive Health Visit

### Client Information

Name: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_  
SSN/Record No.: \_\_\_\_\_  
Race/Ethnicity: \_\_\_\_\_  
Informant/Relationship: \_\_\_\_\_  
Medical Home: \_\_\_\_\_

### Pregnancy and Birth

G \_\_\_\_ P \_\_\_\_ AB \_\_\_\_  
Total number of living children \_\_\_\_\_ Weight gain/loss \_\_\_\_\_  
Mother's age at birth \_\_\_\_\_  
Number of years between previous pregnancy and this child \_\_\_\_\_  
Trimester Prenatal Care Began: 1 2 3  
Prenatal Care Provider \_\_\_\_\_  
Vitamins: \_\_\_\_Y \_\_\_\_N Iron: \_\_\_\_Y \_\_\_\_N  
If child over 5 years: uncomplicated pregnancy, labor, delivery and nursery course: \_\_\_\_Y \_\_\_\_N\*  
*\*If yes, proceed with "Child's Medical History."*

### Maternal History

\_\_\_\_ Vaginal bleeding \_\_\_\_\_ Flu-like illness or high temp.  
\_\_\_\_ Anemia \_\_\_\_\_ Kidney or bladder infection  
\_\_\_\_ Hypertension \_\_\_\_\_ STDs  
\_\_\_\_ Rh negative \_\_\_\_\_ Hepatitis (A, B, or C)  
\_\_\_\_ Diabetes \_\_\_\_\_ Exposure to TB  
\_\_\_\_ Premature labor \_\_\_\_\_ Exposure to lead/chemicals  
\_\_\_\_ Injury/hospitalization/surgery \_\_\_\_\_ Dental disease

### Parental Habits

\_\_\_\_ OTC meds \_\_\_\_\_  
\_\_\_\_ Prescription meds \_\_\_\_\_  
\_\_\_\_ Tobacco \_\_\_\_\_  
\_\_\_\_ Alcohol \_\_\_\_\_  
\_\_\_\_ Street drugs \_\_\_\_\_  
\_\_\_\_ Caffeine \_\_\_\_\_

### Medical History

Abbreviations for relatives listed below.

M - Mother MGM - Maternal Grandmother PGM - Paternal Grandmother  
F - Father MGF - Maternal Grandfather PGF - Paternal Grandfather  
S - Sibling MA - Maternal Aunt PA - Paternal Aunt  
MU - Maternal Uncle PU - Paternal Uncle

\_\_\_\_ Anemia//blood disorder Y N HIV + individual in household  
\_\_\_\_ Heart disease before age 50 **(do not identify)**  
\_\_\_\_ Cholesterol req. treatment \_\_\_\_\_ Other immunosuppression  
\_\_\_\_ Hypertension/stroke \_\_\_\_\_ Dental decay  
\_\_\_\_ Asthma/allergy \_\_\_\_\_ Alcohol/drug abuse  
\_\_\_\_ Cancer \_\_\_\_\_ Tobacco use  
\_\_\_\_ Diabetes \_\_\_\_\_ Learning disorder  
\_\_\_\_ Epilepsy/seizures \_\_\_\_\_ Mental retardation  
\_\_\_\_ Kidney problems \_\_\_\_\_ Psychiatric disorder  
\_\_\_\_ Muscle/bone disease \_\_\_\_\_ Physical/sexual/emotional abuse  
\_\_\_\_ Genetic disease or major birth defects \_\_\_\_\_ Domestic violence  
\_\_\_\_ Childhood hearing impairment \_\_\_\_\_ Other  
\_\_\_\_ Tuberculosis

Explanation of positive history:

### Birth/Delivery

Place of birth \_\_\_\_\_  
Birth attendant \_\_\_\_\_  
Hours of labor \_\_\_\_\_

\_\_\_\_ Term \_\_\_\_\_ **Complications:**  
\_\_\_\_ Premature (Weeks) \_\_\_\_\_ Breech  
\_\_\_\_ More than 2 weeks overdue \_\_\_\_\_ Multiple birth  
**Type of delivery:** \_\_\_\_\_ Other  
\_\_\_\_ Vaginal  
\_\_\_\_ C-Section  
\_\_\_\_ Forceps

Explanation/Other:

### Nursery Course

Birth Weight \_\_\_\_\_ Birth Length \_\_\_\_\_ FOC \_\_\_\_\_  
\_\_\_\_ Difficulty with initial breathing \_\_\_\_\_ Transfusion  
\_\_\_\_ Heart murmur \_\_\_\_\_ Jaundice req. treatment  
\_\_\_\_ Infection \_\_\_\_\_ Seizures

Age at discharge: \_\_\_\_\_ ICN \_\_\_\_\_ days

### Newborn blood screening (date/location):

1. \_\_\_\_\_  
2. \_\_\_\_\_

### Newborn hearing test (in hospital):

\_\_\_\_ Normal \_\_\_\_ Abnormal  
Type of test: \_\_\_\_ ABR-\* \_\_\_\_ OAE \_\_\_\_ Unknown  
Referral made: \_\_\_\_ Y \_\_\_\_ N

Comments:

### Child's Medical History

Immunizations current: \_\_\_\_ Y \_\_\_\_ N \_\_\_\_ Record unavailable  
Dental care/sealants current: \_\_\_\_ Y \_\_\_\_ N

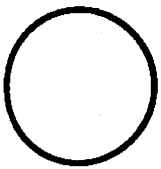
\_\_\_\_ Trauma/injuries \_\_\_\_\_ Vision problems  
\_\_\_\_ Hospitalizations \_\_\_\_\_ Hearing problems  
\_\_\_\_ Surgery \_\_\_\_\_ Seizures  
\_\_\_\_ Medications \_\_\_\_\_ Environmental toxin exposure (lead, etc.)  
\_\_\_\_ Anemia \_\_\_\_\_ Allergies  
\_\_\_\_ Early childhood caries \_\_\_\_\_ Asthma  
\_\_\_\_ Hepatitis \_\_\_\_\_ Eczema  
\_\_\_\_ Strep throat \_\_\_\_\_ Substance use (alcohol, drug, tobacco)  
\_\_\_\_ Ear infections \_\_\_\_\_ Other  
\_\_\_\_ Bladder/kidney infections  
\_\_\_\_ Pneumonia  
\_\_\_\_ Developmental delays

Explanation:



## 22 Developmental and Behavioral Pediatrics

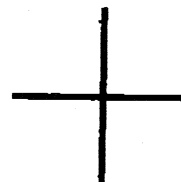
1. Try to get child to smile by smiling, talking or waving. Do not touch him/her.
2. Child must stare at hand several seconds.
3. Parent may help guide toothbrush and put toothpaste on brush.
4. Child does not have to be able to tie shoes or button/zip in the back.
5. Move yarn slowly in an arc from one side to the other, about 8" above child's face.
6. Pass if child grasps rattle when it is touched to the backs or tips of fingers.
7. Pass if child tries to see where yarn went. Yarn should be dropped quickly from sight from tester's hand without arm movement.
8. Child must transfer cube from hand to hand without help of body, mouth, or table.
9. Pass if child picks up raisin with any part of thumb and finger.
10. Line can vary only 30 degrees or less from tester's line. ✓
11. Make a fist with thumb pointing upward and wiggle only the thumb. Pass if child imitates and does not move any fingers other than the thumb.



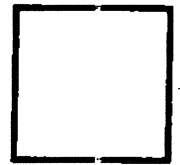
12. Pass any enclosed form. Fail continuous round motions.



13. Which line is longer?  
(Not bigger.) Turn paper upside down and repeat.  
(pass 3 of 3 or 5 of 6)



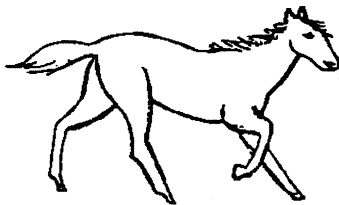
14. Pass any lines crossing near midpoint.




15. Have child copy first. If failed, demonstrate.

When giving items 12, 14, and 15, do not name the forms. Do not demonstrate 12 and 14.

16. When scoring, each pair (2 arms, 2 legs, etc.) counts as one part.
17. Place one cube in cup and shake gently near child's ear, but out of sight. Repeat for other ear.
18. Point to picture and have child name it. (No credit is given for sounds only.)  
If less than 4 pictures are named correctly, have child point to picture as each is named by tester.



19. Using doll, tell child: Show me the nose, eyes, ears, mouth, hands, feet, tummy, hair. Pass 6 of 8.
20. Using pictures, ask child: Which one flies?... says meow?... talks?... barks?... gallops? Pass 2 of 5, 4 of 5.
21. Ask child: What do you do when you are cold?... tired?... hungry? Pass 2 of 3, 3 of 3.
22. Ask child: What do you do with a cup? What is a chair used for? What is a pencil used for?  
Action words must be included in answers.
23. Pass if child correctly places and says how many blocks are on paper. (1, 5).
24. Tell child: Put block **on** table; **under** table; **in front of** me, **behind** me. Pass 4 of 4.  
(Do not help child by pointing, moving head or eyes.)
25. Ask child: What is a ball?... lake?... desk?... house?... banana?... curtain?... fence?... ceiling? Pass if defined in terms of use, shape, what it is made of, or general category (such as banana is fruit, not just yellow). Pass 5 of 8, 7 of 8.
26. Ask child: If a horse is big, a mouse is \_\_\_? If fire is hot, ice is \_\_\_? If the sun shines during the day, the moon shines during the \_\_\_? Pass 2 of 3.
27. Child may use wall or rail only, not person. May not crawl.
28. Child must throw ball overhand 3 feet to within arm's reach of tester.
29. Child must perform standing broad jump over width of test sheet (8 1/2 inches).
30. Tell child to walk forward,  heel within 1 inch of toe. Tester may demonstrate.  
Child must walk 4 consecutive steps.
31. In the second year, half of normal children are non-compliant.

**OBSERVATIONS:**