

**Medical Background Form
for Children**

Name: _____ DOB/Location: _____
Address: _____
Phone: _____ Parent contact email: _____
Gender: _____ 2nd parent contact email: _____
Physician: _____

Mother's Health Before/During Pregnancy:

Did mom use any fertility drugs, artificial insemination, etc.?

Were there any health issues during the pregnancy, such as:

_____ anemia	_____ toxemia	other (please describe):
_____ diabetes	_____ vomiting	
_____ high blood pressure	_____ physical trauma	

What about emotional issues such as a grief, high anxiety, traumatic events, etc.?

Did mom take any medications or use any recreational drugs during the pregnancy?

Birth and Childhood:

Was the birth:

_____ normal	_____ breech	_____ premature
_____ long	_____ forceps	_____ Cesarean
_____ difficult		

How long did baby nurse?

Was baby "fussy" or calm? Were there any health issues during the first year?

At what ages did baby: teeth _____ crawl _____ walk _____ talk _____

Please give ages at which any vaccinations were given:

DPT _____	MMR _____	chicken pox _____
DT _____	polio _____	HIB _____
any others? _____		

What health complaints has this child faced? What medications have been taken? Any homeopathic remedies?

_____ ear infections	_____ tummy bugs	_____
_____ coughs	_____ eczema	_____
_____ sore throats/tonsillitis	_____ asthma	_____

Anything else?

Please describe this child in one paragraph, as objectively as possible. List descriptive words that can help me understand temperament and personality, and include favorite activities, energy levels, and anything else to help me see the basic picture.

Indicate below which ailments have affected this child's relatives. Give ages even if they are/were healthy. Possible ailments: AIDS/HIV, alcoholism, allergies (food, environmental, medications), Alzheimer's, arthritis/rheumatism, asthma, cancer, chronic fatigue, diabetes (which type?), epilepsy, frequent colds/flu, gonorrhea, gout, hay fever, heart problems (high blood pressure, angina, arteriosclerosis, strokes, etc.), Hepatitis A/B/C, hernia, herpes (oral, genital), hysteria, jaundice, lung disease, lupus, mental illness (including suicides), obesity, paralysis, pleurisy, pneumonia, skin problems (eczema, psoriasis, etc.), syphilis, thyroid problems, tuberculosis, ulcers, warts (skin, genital), other venereal diseases, and any other physical, mental, and/or emotional problems.

Age if alive	Age at death	Ailments
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mother:

father:

sister(s):

brother(s):

maternal grandmother:

maternal grandfather:

maternal aunts/uncles:

paternal grandmother:

paternal grandfather:

paternal aunts/uncles:
