

# Child Health History

## Texas Department of Health Child Health Record Preventive Health Visit

### Client Information

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

### 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 Complications

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

### Maternal Substance Use

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

### Family 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  
 Other

#### Type of delivery:

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:

Date: \_\_\_\_\_ Signature/Title: \_\_\_\_\_ Signature/Title \_\_\_\_\_

