

Date/Fecha: _____ Name/Nombre: _____ DOB/Fecha de nac.: _____ Age/Edad: _____

Family History/Historia Familiar				Birth History/ Hist. del Nacimiento		Feeding History/Hist. de Comidas	
Mother/ Madre _____				Term/Termino _____		Breast/Pecho _____	
Father/ Padre _____				Premature/Prematuro _____		Formula _____	
Siblings/Hermanos				Pregnancy/Embarazo # _____		Vitamin Supp/Vitaminas _____	
Age/Edad	Sex/Sexo	Health/Salud		Vaginal Delivery/ Parto vaginal _____		Soft foods added/ Comidas suaves agregados _____	
1				C-Section Delivery/ Parto por cesaria _____		Appetite/Apetito _____	
2				Instruments/Instrumentos? _____		Stools/Heces fecales _____	
3				Labor length/Duracion _____		Allergies/Alergias _____	
4				Other/ Otros _____		Vomiting/Vomito _____	
Miscarriages/Abortos	Month/Mes	Cause/ Causas		(Condition at birth/ Cond. al nacer)		Idiosyncrasies/ Idiosincrasias _____	
				Weight/Peso _____		Other/Otros _____	
Allergies/ Alergias				Height/ Estatura _____			
Diabetes				Apgars/Apgares _____			
Heart cond./Cond. Cardiaca				Jaundice/ Bilirubina _____			
Cancer				Convulsions/Convulsiones _____			
HBP/Presion Alta				Deformities/Deformidades _____			
Others/Otros				Other/Otros _____			
* NOTE : This section refers to immediate family members							
*ATTN: Esta seccion se refiere a miembros inmediatos de la familia							

Health History/ Historial de Salud		Dev. History/Hist. del Desarrollo	
Gen. Health/Salud en gral. _____		Held up head/Levanto la cabeza _____	
Allergies/Alergias _____		Sat aided/Sento con ayuda _____	
Chickenpox/Varicela _____		Sat alone/Sento solo _____	
Colds/Catarros _____		Stood aided/Paro con ayuda _____	
Measles/Sarampion _____		Stood alone/Paro solo _____	
Rubella/Rubiola _____		Crawled/Gateo _____	
Mumps/Paperas _____		Walked/Camino _____	
Rheum Fever/Fiebre Reum _____		Said words/Dijo palabras _____	
Pneumonia/Pulmonia _____		Sentences/Frases _____	
Ear infections/Infecc. Oido _____		First teeth/Primeros dientes _____	
T&A/Tonsilectomia & Adenoides _____		Other/Otros _____	
Tonsillitis/Amigdalitis _____		(Habits/Habitos)	
Scarlet fever/Fiebre escarlatina _____		Sleep/Dormir _____	
Injuries/Lesiones _____		Naps/Siestas _____	
Hospitalized/Hospitalizado _____		Play/Jugar _____	
Other/Otro _____		Other/Otros _____	

FOR OFFICE ONLY

HISTORY OF PRESENT ILLNESS _____ Allergies: _____

Accompanied By: _____ Medications: _____

Chief Complaint: _____
