

CLINICAL RECORD	PEDIATRIC
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FAMILY OR CONTACT HISTORY				
MEMBER OF FAMILY	AGE	EDUCATION	STATE OF HEALTH <i>(If not living, state cause of death)</i>	AGE AT DEATH
FATHER				
MOTHER				
SIBLINGS				

Have there been any of the following in the family or among contacts?

CONDITION OR DISEASE	YES	NO	RELATIONSHIP OR CONTACT	CONDITION OR DISEASE	YES	NO	RELATIONSHIP OR CONTACT
TUBERCULOSIS				ALLERGY			
SYPHILIS				DIABETES			
RHEUMATIC FEVER				NEUROSIS			
KIDNEY DISEASE				EPILEPSY			
BLOOD DYSCRASIAS							

RECORD OF IMMUNIZATION				
TYPE OF IMMUNIZATION OR TEST	SERIES OR RESULTS	DATES	BOOSTER OR REPEAT DATE	BOOSTER OR REPEAT DATE
SMALLPOX				
D.T.P				
TYPHOID				
SERUM ADMINISTRATION				
TUBERCULIN TEST				
POLIO (OPV)				
RUBELLA (GERMAN MEASLES)				
RUBEOLA (MEASLES)				
MUMPS				

BIRTH AND DEVELOPMENT			
MOTHER'S HEALTH DURING PREGNANCY			
TYPE OF DELIVERY	PREMATURE	FULL TERM	BIRTH WEIGHT
COMPLICATIONS			
CONDITIONS OF BABY AT BIRTH			
CONGENITAL MALFORMATION			

	AGE	SEX	RACE
PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)</i>	REGISTER NO.		WARD NO.

PEDIATRIC
Standard Form 538

FAMILY OR CONTACT HISTORY

JAUNDICE	CONGENITAL DEBILITY	SNUFFLES
HEMORRHAGE	CYANOSIS	VOMITING
ANEMIA	CONVULSIONS	
RASH	DESQUAMATION	
PAST HISTORY (Birth and development)		FEEDING HISTORY
DEVELOPMENT (State age, yrs. and mos.)		BREAST
SAT UP		VITAMIN SUPPLEMENT (Age started; amount)
WALKED		WEANED (State age and reason)
TALKED		FORMULA (Type of milk; reason for change)
TEETH		APPETITE
TRAINING	CONTROLLED URINE	SOLID FOODS (State age started)
	CONTROLLED BOWELS	
WEIGHT-END OF FIRST YEAR		CEREALS VEGETABLES FRUITS MEAT
REMARKS (Include present diet, emotional development and abnormalities)		

PAST HISTORY (Medical and surgical)

CONDITION OR DISEASE	YES	NO	DATE	COMPLICATIONS
MEASLES				
GERMAN MEASLES				
MUMPS				
SCARLET FEVER				
DIPHTHERIA				
CHICKEN POX				
WHOOPING COUGH				
OTITIS MEDIA				
MASTOID				
ALLERGY				
INJURIES OR OPERATIONS			DATE	COMPLICATIONS

EDUCATION

PRESCHOOL			SCHOOL		
AGE ENTERED	PORTION OF DAY IN SCHOOL	PUBLIC, COMMUNITY, OR PRIVATE SCHOOL	AGE ENTERED	KINDERGARTEN	PRESENT GRADE
NUMBER OF SCHOOLS ATTENDED			GENERAL COMMENT REGARDING SCHOOL ADJUSTMENT AND SOCIAL BEHAVIOR		
1. PUBLIC					
2. PAROCHIAL					
3. PRIVATE					
PROGRESS (Subjects, grades failed, and skipped)			SIGNATURE OF PHYSICIAN		
			DATE		