



Name				Birth D	Date	Ds	ite First Seen
Race_			Sex	Insurar	nce	De	
Hospital				Addres	ss		Phone
Obstetric	ian			Addre	ss	•	Phone Phone
Referred	by			.,, ,			
				Addres	ss		Phone
Mother's Name			Addres		ss	Phone	
				FAMIL	Y HISTORY		1
	A	1114	ALLERGIES (√)				OTHER
Mother	Age	Health	Environmental/Food	Type of Allergy	Miscarriage _	Mo	nth Cause _
Father					Dishetes	. (	TBC Contacts Convulsive Disease
Sibling					Mother's Bloo	d Type	RH
Sibling			***************************************		Baby's Blood	Туре	1111
				BIRTH AND	DEVELOPMEN		
Torm							Pieth Mainle
							Birth Weight
							pgar Score
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							Words
SHOLL SEL	nence:	5	F	irst leetn		_ bladder	Bowel
Primary D	rinking	Water S	Supply: 🗆 Well 🗆 City/M	Formula ⁄unicipal □ Bottle	Area Water	Fluoride Level:	minsInadequate   Adequate
Primary E Fluoride S Soft Food	rinking Suppler	y Water S ments: 76	Supply: ☐ Well ☐ City/Mopical ☐ Rinse ☐ Gel	Formula ⁄iunicipal □ Bottle □ Paste <i>Syst</i> _ Present Diet	Area Water lemic □ Vitamin	Fluoride Level:   /Fluoride Suppleme Feeding H	Inadequate □ Adequate I ent □ Fluoride-Only Supp labits
Primary E Fluoride S Soft Food Appetite _	Prinking Suppler	y Water S ments: <i>To</i>	Supply: ☐ Well ☐ City/M Opical ☐ Rinse ☐ Gel	Formula /Junicipal □ Bottle I □ Paste <i>Syst</i> _ Present Diet _ Likes	Area Water temic □ Vitamin	Fluoride Level:   Fluoride Suppleme Feeding H Dislikes	Inadequate □ Adequate lent □ Fluoride-Only Supplabits
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