Provided Courtesy of Enfamil Family of Formulas®

Name _____ Birth Date _____ Date First Seen _____
Race _____ Sex _____ Insurance _____
Hospital _____ Address _____ Phone _____
Obstetrician _____ Address _____ Phone _____
Referred by _____
Father's Name _____ Address _____ Phone _____
Mother's Name _____ Address _____ Phone _____

FAMILY HISTORY

ALLERGIES (√)

	Age	Health	Environmental/Food	Type of Allergy
Mother				
Father				
Sibling				
Sibling				

OTHER

Miscarriage _____ Month _____ Cause _____
Tuberculosis _____ TBC Contacts _____
Diabetes _____ Convulsive Disease _____
Mother's Blood Type _____ RH _____
Baby's Blood Type _____

BIRTH AND DEVELOPMENT

Term _____ Delivery _____ Birth Weight _____
Condition at Birth _____ Apgar Score _____
Condition 1st Week _____
Feeding _____ Cyanosis _____
Convulsions _____ Jaundice _____
Sat Up _____ Stood _____ Walked _____ Words _____
Short Sentences _____ First Teeth _____ Bladder _____ Bowel _____

FEEDING HISTORY

Breast _____ Formula _____ Vitamins _____
Primary Drinking Water Supply: ☐ Well ☐ City/Municipal ☐ Bottle Area Water Fluoride Level: ☐ Inadequate ☐ Adequate ☐ Unknown
Fluoride Supplements: *Topical* ☐ Rinse ☐ Gel ☐ Paste *Systemic* ☐ Vitamin/Fluoride Supplement ☐ Fluoride-Only Supplement
Soft Food _____ Present Diet _____ Feeding Habits _____
Appetite _____ Likes _____ Dislikes _____
Vomiting _____ Stools _____ Sensitivity _____ Hives _____

CHILDHOOD IMMUNIZATION RECORD

Vaccine	Date of Immunization
Hepatitis B	
Diphtheria, Tetanus, Pertussis	
H. influenzae type b	
Polio	
Measles, Mumps, Rubella	
Varicella Zoster Virus Vaccine	
Other prevnar flu PPD.	

ILLNESSES

Type	Date
Pertussis	
Measles	
Rubella	
Mumps	
Chickenpox	
Scarlet Fever	
Diphtheria	
Operations	
T. and A.	
Allergy	
Appendix	
Glands	
Rheumatic Fever	
Otitis	
Colds	
Tonsilitis	
Convulsions	
Constipation	
Diarrhea	
Asthma	

Mead Johnson™ Nutritionals