

Child was in this hospital from _____ to _____
date date

Name of child's doctor: _____

Specialty: _____

Address: _____

Telephone: _____

Drugs/medication taken by mother before/during pregnancy:

1. _____
2. _____
3. _____
4. _____

Mother's illnesses during pregnancy:

1. _____
2. _____
3. _____
4. _____

Was baby full term (9 months)? Yes No If No, How many weeks Early or Late was the baby born? _____ Early Late

Length of Labor: _____

Type of delivery: Normal Breech Caesarean

Child's condition at birth: _____

Child's problems following birth: _____

Did mother have problems with other pregnancies? _____