

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**BIRTH HISTORY**

Birth Weight: \_\_\_\_\_ Birth Hospital: \_\_\_\_\_ State: \_\_\_\_\_

Full-Term ( $\geq 37$  weeks)     Vaginal     C/Section due to: \_\_\_\_\_

Premature ( $< 37$  weeks)     Forceps     Vacuum

Jaundice. If yes, did your baby need light phototherapy?     Yes     No

Intensive Care (NICU) stay due to: \_\_\_\_\_

Pregnancy Concerns:

None     High Blood Pressure     High Sugar/Diabetes     Preeclampsia

Other: \_\_\_\_\_

**FAMILY HISTORY**

Other Children (Names/Ages)

_____	_____
_____	_____
_____	_____

**FAMILY MEDICAL CONDITIONS**

(Ex: asthma, heart disease, high blood pressure, diabetes, obesity, cancer-type, acid reflux, lupus, arthritis, hypo/hyper-thyroid, hearing/vision problems, seizures/epilepsy, kidney problem, liver problem, melanoma, eczema, psoriasis, bleeding/clotting disorder, ADHD, depression, schizophrenia, Alzheimer's Parkinson's)

Baby's Mom: \_\_\_\_\_

Baby's Dad: \_\_\_\_\_

Baby's Sister/Brother: \_\_\_\_\_

Baby's Grandparents: \_\_\_\_\_

Cousins: \_\_\_\_\_

**HOME ENVIRONMENT**

Parents:     Married     Unmarried/Live Together     Single-Parent     Divorced     Remarried

Smokers:     No     Yes, where do they smoke?     Inside     Outside

Home:     House     Apartment     Trailer     Staying with: \_\_\_\_\_

Pets:     No     Yes, what kind: \_\_\_\_\_

Occupation:    Mom: \_\_\_\_\_    Dad: \_\_\_\_\_

How did you find out about Christ Community?

\_\_\_\_\_

**RESOURCES**

Applying for WIC     Applying for Medicaid     I need help applying for WIC and Medicaid.

I have a car seat.     I don't have a car seat.     I need help with my car seat.