



Oakview Juvenile Residential Center

MEDICAL HISTORY

YOUTH NAME: _____

AGE: _____ **SEX:** _____ **DATE OF BIRTH:** _____

HISTORY:

Prenatal and Neonatal Child History:

- 1. Mother's age at pregnancy: _____
- 2. Number of this pregnancy: _____
- 3. Number of Miscarriages: _____
- 4. Prenatal care: Yes No
- 5. Smoking during pregnancy: Yes No
- 6. Alcohol during pregnancy: Yes No
- 7. Medication during pregnancy: Yes No If yes, explain: _____

- 8. Drug abuse during pregnancy: Yes No If yes, explain: _____

- 9. Maternal illness or infection: Yes No If yes, explain: _____

- 10. Complications of pregnancy: Yes No If yes, explain: _____

MEDICAL HISTORY- CONTINUED

11. Complications of labor: Yes No If yes, explain: _____

12. Complications of delivery: Yes No If yes, explain: _____

13. Infant: birth weight: _____ color: _____

respiratory distress	Yes	No	
vomiting	Yes	No	
convulsions	Yes	No	
jaundice	Yes	No	
transfusions	Yes	No	
congenital deformity	Yes	No	If yes, explain: _____

CHILDHOOD:

1. Complications of growth and development: Yes No

If yes, explain: _____

MEDICAL HISTORY- CONTINUED

Family History:

1. Has anyone in the child's family had the following problems or diseases?

CONDITION	YES OR NO	RELATIONSHIP	SPECIFY
vision problems			
speech problems			
hearing problems			
mental retardation			
attention deficit disorder			
diabetes			
heart disease			
epilepsy			
cancer			
allergies			
alcohol problems			
drug problems			
venereal disease			
asthma			
hypertension			
psychiatric/psychological diagnosis			
tuberculosis			
hypoglycemia			
thyroid disease			
paralysis			
stroke			
bleeding tendencies			