



CHILD HEALTH CARE RECORDS

CHART# _____

NAME _____ SEX _____ DATE OF BIRTH _____

FATHER'S NAME _____ MOTHER'S NAME _____

ADDRESS _____ PHONE # _____

CITY _____ STATE _____ ZIP _____

MATERNAL & NEONATAL HISTORY:

PRENATAL CARE PHYSICIAN _____ COMPLICATIONS _____

LENGTH OF PREGNANCY _____ TYPE OF DELIVERY _____

NEWBORN WEIGHT _____ NEWBORN HEIGHT _____

WHICH TRIMESTER DID MOTHER BEGIN PRENATAL CARE? CIRCLE ONE - 1ST 2ND 3RD NONE

IS MOTHER A PATIENT OF COMMUNITY HEALTH OF EAST TENNESSEE? CIRCLE ONE - YES NO

WAS MOTHER REFERRED FOR PRENATAL CARE FROM OUR OFFICE? CIRCLE ONE - YES NO

DEVELOPMENTAL HISTORY: (INDICATE AGE WHEN)

SAT ALONE _____ FED SELF _____ WALKED ALONE _____