## **BASIC MEDICAL HISTORY**

|   | ENT INFO                               |                |                     |                         | NAC-1-II           |                       | - 0 D      |              |                     |                    |  |
|---|--|----------------|---------------------|-------------------------|--------------------|-----------------------|------------|--------------|---------------------|--------------------|--|
| Last Name   |  | ŀ              | First               |                         | Middle             | Э                     | D.O.B.     |              |                     | sex                |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
| MED   | AAL / DUI                              | YOLO A L       | OTATO A             | E-DIDTII                |                    |                       |            |              |                     |                    |  |
|   |  | YSICAL         | STATS AT            |                         |                    |                       |            |              |                     |                    |  |
| APGAR SO  |  | Tenaini.       | IAOMINI:            |                         | PHYSICAL STATS:    |                       |            |              |                     | STATIONAL AGE:     |  |
| BIRTH:  | 1MIN:                                  | 5MIN:          | 10MIN:              | 10MIN: Height:          |                    | Weight:               |            | Head Circum: | (# w                | (# weeks at birth) |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
| - 050   | TATIONAL                               | DECC           | BUDTION             |                         |                    |                       |            |              |                     |                    |  |
|   | TATIONAL                               |                |                     |                         |                    |                       |            |              |                     |                    |  |
| How would   | you describe                           |                |                     | ar obnormalities        | s during pregnancy |                       |            |              |                     |                    |  |
|   | ρισα                                   | SE describe a  | any unusuan everno  | 3 OI abnonnannes        | duning pregnancy   |                       |            |              |                     |                    |  |
| Nor   | rmal                                   |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
| Abr   | normal                                 |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   | 10                                     |                |                     |                         |                    |                       |            |              |                     |                    |  |
| 14/   | ······································ | - Lana de mino |                     | /::     list of         | "li-ptiono o       |                       | for 4      | - 1-1        |                     |                    |  |
|   | nedications ia                         | iken auririy   | j pregnancy:        | (please list all reason | ll medications ar  | nd reas               | sons for a | akıng)       |                     |                    |  |
| type 1.   |  |                |                     | reason                  |                    |                       |            |              |                     |                    |  |
| type 2.   |  |                |                     | reason                  |                    |                       |            |              |                     |                    |  |
| type z.   |  |                |                     | 16ason                  |                    |                       |            |              |                     |                    |  |
| type 3.   |  |                |                     | reason                  |                    |                       |            |              |                     |                    |  |
| type o.   |  |                | IGGGGII             |                         |                    |                       |            |              |                     |                    |  |
| type 4.   |  |                |                     | reason                  | reason             |                       |            |              |                     |                    |  |
| type 4.   |  |                |                     | louco                   |                    |                       |            |              |                     |                    |  |
| type 5.   |  |                |                     | reason                  | reason             |                       |            |              |                     |                    |  |
| 3,50  |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
| LABO  | OR / DELIV                             | VERY           |                     |                         |                    |                       |            |              |                     |                    |  |
| TYPE OF D   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   | the apropriate box                     | x              |                     |                         |                    |                       |            |              |                     |                    |  |
| Vaç   | Vaginal (Normal) Vaginal               |                | Vaginal (w/ fo      | ginal (w/ forceps) C-S  |                    | ection (elective) C-S |            | C-Section (  | Section (emergency) |                    |  |
| -   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
| TYPE OF L   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   | the apropriate box                     | <              |                     |                         |                    |                       |            |              |                     |                    |  |
| Spc   | ontaneous                              |                |                     |                         | Induced (elective  | <u>.</u> )            |            | ı            | Induced (           | emergency)         |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
| UNUSUAL   | EVENTS DU                              | RING LAF       | 30R / DELIVE        | RY - as relati          | ing to the moth    | ner                   |            |              |                     |                    |  |
| please describ  | oe any unusual ev                      | ents or abnor  | rmalities during de | livery                  |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         | ing to the infar   | nt/patie              | ent        |              |                     |                    |  |
| please describe any unusual events or abnormalities during delivery |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |
|   |  |                |                     |                         |                    |                       |            |              |                     |                    |  |