



Dr. Trevor Lee Chalfant
 6825 Parkdale Place Suite C
 Indianapolis, IN 46254
 P 317.536.2892 F 317.536.4764

Section 10 (Children 18 and Under ONLY)

MILE STONES	AGE
rolling over	
sitting up	
walking	
talking	

SOCIAL HISTORY
Smoke exposure <input type="checkbox"/> YES <input type="checkbox"/> NO
Pet exposure <input type="checkbox"/> YES <input type="checkbox"/> NO
City water (fluorinated) <input type="checkbox"/> YES <input type="checkbox"/> NO
Day care <input type="checkbox"/> YES <input type="checkbox"/> NO

SPORTS	
Football <input type="checkbox"/> YES <input type="checkbox"/> NO	Baseball <input type="checkbox"/> YES <input type="checkbox"/> NO
Hockey <input type="checkbox"/> YES <input type="checkbox"/> NO	Gymnastics <input type="checkbox"/> YES <input type="checkbox"/> NO
Soccer <input type="checkbox"/> YES <input type="checkbox"/> NO	Basketball <input type="checkbox"/> YES <input type="checkbox"/> NO
Volleyball <input type="checkbox"/> YES <input type="checkbox"/> NO	Softball <input type="checkbox"/> YES <input type="checkbox"/> NO
Tennis <input type="checkbox"/> YES <input type="checkbox"/> NO	Other: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO

GYNCOLOGICAL HISTORY
Age at first period: _____
Other menstrual history: _____

_____ / ____ / ____
 INITIALS mm/DD/yy

Section 10 (Children 18 and Under ONLY) Continued

BIRTH HISTORY

Please indicate any medical problems during pregnancy _____
 Please list any medications taken during the pregnancy _____
 Any drug or alcohol use during the pregnancy No Yes _____
 Delivered by elective C-section emergent C-section forceps vacuum extraction normal vaginal delivery
 If not a normal vaginal delivery, why? _____
 Number of weeks gestation _____ Birth weight _____
 APGAR scores: 1 minute _____ 5 minute _____ Discharge weight _____
 Did the baby receive the Hepatitis B vaccine No Yes If yes, date given _____
 Please indicate any medical problems during the newborn period _____
 Name of hospital where infant was born if applicable _____

VACCINATIONS

MARK AN "X" IF YOUR CHILD HAS RECEIVED THIS VACCINATION

<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	Measles
<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Rubella
<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	Varicella (Chickenpox)
<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Influenza
<input type="checkbox"/>	Haemophilus Influenzae B	<input type="checkbox"/>	Rotavirus
<input type="checkbox"/>	Polio	<input type="checkbox"/>	Human Papilloma Virus (HPV)
<input type="checkbox"/>	Pneumococcal	<input type="checkbox"/>	Other: _____

Has your child ever had a reaction to an immunization? YES NO
 If so which vaccine and what was the reaction? _____



Dr. Trevor Lee Chalfant
 6825 Parkdale Place Suite C
 Indianapolis, IN 46254
 P 317.536.2892 F 317.536.4764

DIET

What foods were introduced before 6 months (please list approximate months as well): _____

6-12 months? _____

Did your child ever experience colic? _____ How severe? _____

Please list any food allergies or intolerances, along with the reaction they provoke. _____

What food does your child crave/insist upon? _____

Does your child have any dietary restrictions (religious, vegetarian/vegan etc.)? _____

Please describe your child's typical daily diet:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

To Drink: _____

ENVIRONMENT

Describe your child's sleep pattern: _____

How would you describe your child's temperament? _____

Is your child in: school (grade _____), daycare homecare, or other _____

How would you describe your child's behavior and performance at school? _____

What are your child's favorite activities? _____

Does your child exercise regularly? How much, how often? _____

How much television does your child watch? _____ hrs a day/ week

How often does your child read (not for school)/How often does someone read to your child? _____

Does anyone in the child's household smoke, even just outside? YES NO

Are there animals in the home? YES NO

Type: _____