



## *Patient History (cont'd)*

<b><u>Developmental History:</u></b>			
MILESTONES	AGE	COMMENTS	
Bicycle			
Crept			
Held Head Up			
School			
Sentences			
Smiled			
Stood Alone			
Teeth			
Toilet Trained			
Walked			
Words			
<b><u>Family History:</u></b>			
	YES	NO	COMMENTS
Alcohol Abuse			
Anemia			
Asthma			
Bleeding Disorder			
Blood Diseases			
Cancer			
Diabetes			
Deafness			
Drug Abuse			
Epilepsy			
Heart Disease			
High Blood Pressure			
High Cholesterol			
Immune Problem			
Liver Disease			
Mental Illness			
Mental Retardation			
Nasal Allergies			
Any Other Problems			
<b><u>Siblings:</u></b>			
NAME	DOB	SEX	HEALTH STATUS

**Feeding and diet information:**

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