

First Routine check sheet

(If you can print out , please check and mark on this sheet before visiting to clinic)
Please check mark sign. If you have some questions , please ask me at clinic.

Baby NAME:

TEL Number:

Condition of pregnant and perinatal course (normal , moderate , not good)

Delivery course (normal , abnormal) Body weight at birth()g

Nutrition :Breast feeding , artificial milk , mixed feeding

Physical and neurological development (normal , delayed)

Present illness past history illness .

Asthma, urticaria , drug allergy

Allergic rhinitis , atopic dermatitis , food allergy(egg, cow milk , peanuts and others)

Acute otitis media and its past history , exudative otitis media (hearing lose , poor response),

prolonged nasal secretion , yellowish running nose .

Renal disease, heart disease , liver disease , pneumonia ,

streptococcus infection .

Are there someones in your family esp. member with allergic patients including asthma pollen allergy ,
atopic dermatitis , tuberculosis

Past history of febrile convulsion(yes , no), parents history febrile convulsion in childhood (yes, no)

Past major disease or present illness , hospitalization

Exanthum subitum , measles , rubella , mumps , chichen pox, pertussis (whooping cough) ,
adenoviral inefcetion , RS infection , Hand foot mouth disease , Herpangina .

. Vaccination history :polio(live) ,polio(inactive) ,BCG ,DPT, MMR(measles , mumps, rubella) ,
MR , Chichen pox , Hib .pneumonia vaccine , mumps vac. Japanese encephalitis ,

Hepatitis A , Hepatitis B ,influenza, HPV (human papilloma virus) Rotar virus, DPT-IPV(inactive polio) ,
DT , Flu

Do you have some anxiety about your children care or support in school life .

7). Drug allergy side effect?(yes no)

Thanks so much your corpporatin.