

# babytalk health history

Record your child's important health information—all in one place:

## WELL-CHILD EXAMS

Date: \_\_\_\_\_ Age: \_\_\_\_\_

Doctor: \_\_\_\_\_

Tests given: \_\_\_\_\_

Vaccines given: \_\_\_\_\_

Height: \_\_\_\_\_ inches \_\_\_\_\_ percentile

Weight: \_\_\_\_\_ pounds/ounces \_\_\_\_\_ percentile

Head: \_\_\_\_\_ inches \_\_\_\_\_ percentile

Prescriptions given: \_\_\_\_\_

Advice given: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_

Doctor: \_\_\_\_\_

Tests given: \_\_\_\_\_

Vaccines given: \_\_\_\_\_

Height: \_\_\_\_\_ inches \_\_\_\_\_ percentile

Weight: \_\_\_\_\_ pounds/ounces \_\_\_\_\_ percentile

Head: \_\_\_\_\_ inches \_\_\_\_\_ percentile

Prescriptions given: \_\_\_\_\_

Advice given: \_\_\_\_\_

## SICK VISITS

Date: \_\_\_\_\_ Age: \_\_\_\_\_

Doctor: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Fever: \_\_\_\_\_

Tests given: \_\_\_\_\_

Medications given: \_\_\_\_\_

Dosage: \_\_\_\_\_

Any side effects noted: \_\_\_\_\_

Other recommended treatment: \_\_\_\_\_

When to return: \_\_\_\_\_

Date of follow-up visit: \_\_\_\_\_

Duration of illness: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_

Doctor: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Fever: \_\_\_\_\_

Tests given: \_\_\_\_\_

Medications given: \_\_\_\_\_

Dosage: \_\_\_\_\_

Any side effects noted: \_\_\_\_\_

Other recommended treatment: \_\_\_\_\_

When to return: \_\_\_\_\_

Date of follow-up visit: \_\_\_\_\_

Duration of illness: \_\_\_\_\_