

CONFIDENTIAL MEDICAL HISTORY - NEONATE

Dear Parent. The following is a confidential medical history questionnaire that we ask you to complete. The information it provides is very important so we can be familiar with your Baby's health and assist us to provide the best care for your child.

If there are any questions that you are not clear on, please ask a Staff member

Please mark the appropriate answer

Full Name	DOB	1	/
Family Medical Practitioner			
Gestation period (Full term is 40 weeks)weeks			
Do you or your Partner have a known bleeding disorder	Yes	No	
Describe			
Did your Baby have their Vitamin K injection at birth No		Yes	
Is your Baby taking any medication	Yes	No	
List names			
Have you or your Partner had a reaction or allergy to any medication	Yes	No	
Describe			
Has your Baby ever had a reaction to a medication (e.g., antibiotic) Yes	No		
Describe			
Do you or your Partner have a known allergy to Latex or dressings	Yes	No	
Describe			
Does your Baby have a lactose intolerance	Yes	No	
Has your Baby been hospitalised for emergency care Yes	No		
List date and describe			
Have you or your Partner ever had a reaction to an anaesthetic	Yes	No	
Describe			
Does your child have any congenital or acquired heart condition	Yes	No	
Describe			

Does your child have a breathing disorder	Yes	No
Describe		
Does your child have a history of stomach issues (e.g. reflux)	Yes	No
Describe		
Does your child have a history of an endocrine disorder (e.g. thyroid)	Yes	No
Describe		
Has your child been exposed to any blood born viruses (e.g. Hepatitis or HIV)	Yes	No
Describe		
Please sign to acknowledge that you have completed to the best of your knowledge	l this forı	m
Signature Date		

CONFIDENTIALITY IS VERY IMPORTANT TO THIS PRACTICE.
THIS FORM WILL BE DIGITISED AND STORED OFF SITE WITHIN AUSTRALIA.
THIS FORM WILL BE DESTROYED IMMEDIATELY AFTER STORAGE