

## Patient History

Hospitalizations (Hospitalizaciones)

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**Medical problems: Check the problems your child has or has had.**  
**Problemas Medicos: Marque los problemas que el paciente tiene o ha tenido**

- Allergies (Alergias)
- Anemia (Anemia)
- Asthma (asma)
- Birth Defects (Defectos Congenitos)
- Bone problems (Problemas con los huesos)
- Bladder infections (Problemas con infecciones de la vejiga)
- Cancer (Cancer)
- Dental work (Trabajos Dentales)
- Frequent infections (Infecciones frecuentes)
- Heart Operations or defects (Operaciones o defectos del corazon)
- Kidney infections (Infecciones del rinon)
- Seizures (Convulsiones)
- Tonsils or adenoids taken out (Anjinas/Adenoides)
- Tubes in ears (Tubos en los Oidos)
- Eye problems (Problemas con los Ojos)
- Wears glasses (Usa lente correctivos?)

**Has your child ever been referred to a specialist for any medical problem? Yes No**  
**Ha consultado con un especialista por algun problema medico? Si No**

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### Birth History

Birth Weight (Cuanto peso el paciente al nacer?) \_\_\_\_\_

The patient went home form the hosptial in how many days? (Cuantos dias duro el paciente en el hospital?)  
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Were there any medical problems? (Tuvo problemas medicos durante el embarazo?) \_\_\_\_\_

Vaginal or C-section? (Fue parto normal o cesaria?) \_\_\_\_\_

Did you have a prior C-section? (Tuvo un caesaria antes con su otros ninos?) \_\_\_\_\_

Did you have any venereal diseases during your pregnancy? Yes No

Tuvo usted enfermedades veneras durante el embarazo? Si No

- Syphillis (Sifilitis)
- Gonorrhoea (Gonorrea)
- Trichomnas (Clamydiasis)
- Herpes (Herpes)
- Chlamydia (Clamydiasis)

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Did the baby ever have any problems where he/she stopped breathing? Yes No

El paciente nunca dejo de respirar despues de nacer? Si No

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Was your baby ever on a monitor? Yes No

El paciente ha tenido algun monitor para el corazon o para respirar? Si No

