

|                            |
|----------------------------|
| <b>Timeline for:</b>       |
| <b>Date of visit:</b>      |
| <b>Reason for visit:</b>   |
| <b>Current complaints:</b> |

**Time-line**

|   | <b>Description</b> | <b>Medication/other</b> |
|---|--------------------|-------------------------|
| <b>Family history</b><br>- Genetic diseases<br>- Addiction, incest, assault   |                    |                         |
| <b>Conception</b><br>- Circumstances<br>- Alcohol, drugs, hormones /IVF, pill, spiral, vaccinations, medication<br>- Stress, sadness                                  |                    |                         |
| <b>Pregnancy</b><br>- Medication<br>- Contraction stimulator<br>- Vaccinations<br>- Blood loss<br>- Acceptance parents<br>- Mother's emotional state                  |                    |                         |
| <b>Delivery</b><br>- Natural or otherwise<br>- Anaesthesia/epidural<br>- Induced<br>- Position of baby<br>- Placenta condition<br>- APGAR score<br>- Rhesus injection |                    |                         |
| <b>Birth weight and length/height</b>   |                    |                         |
| <b>Breastfeeding</b><br>- How long, how did it go on for<br>- Medication  |                    |                         |
| <b>Vaccinations</b><br>- Which and when<br>- Reaction   |                    |                         |
| <b>First year</b><br>- Medication (eg AB, acetaminophen, corticosteroids)<br>- Surgical procedures  |                    |                         |
| <b>First 4 years</b>  |                    |                         |



|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |