

_____ 's Medical History

Birth

Date of birth: _____
Place of birth: _____
Notes about birth: _____

Time of birth: _____
Weight: _____
Length: _____
Head: _____

blood
type: _____

Record of surgeries

Date	Reason	Doctor

Record of illnesses

Date	Illness	Medicine/ Treatment

Routine Medications

Medicine	Dosage	Reason