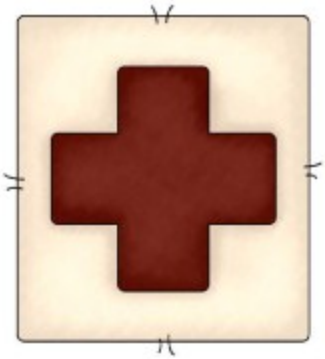
Medical Information



BIRTH RECORD

Child's Name	
Mother's Name	
Father's Name	
Hospital	
Mother's Doctor	
Baby's Doctor	

Date of Birth	
Time	
Weight	
Length	
Child's SSN	

OTHER VITAL INFORMATION

Conditions / Diagnoses	Surgeries / Hospitalizations	Allergies	

IMMUNIZATION RECORD

Vaccine	Date	Physician/Clinic	Vaccine	Date	Physician/Clinic

BIRTH RECORD

Child's Name	Date of Birth
Mother's Name	Time
Father's Name	Weight
Hospital	Length
Mother's Doctor	Child's SSN
Baby's Doctor	

OTHER INFORMATION

IMMUNIZATION RECORD

Child's Name	

Date of Birth	

Vaccine	Date	Physician/Clinic

Vaccine	Date	Physician/Clinic

VITAL INFORMATION

Child's Name		Date of Birth	

Conditions / Diagnoses	

Surgeries / Hospitalizations	

Allergies	

DOCTOR INFORMATION

Doctors for:

PRIMARY CARE

Type of Care	Name	Address	Phone

SPECIALISTS

Type of Specialty	Name	Address	Phone

MEDICAL HISTORY LOG

Name:

Date	Procedure, Treatment, Reason for Visit	Result / Action to Take
	Doctor:	
	Doctor:	
	Doctor:	
	Doctor:	
	Doctor:	
	Doctor:	
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	Doctor:	
	Doctor:	
	Doctor:	

MEDICATION LOG

Name:	

Pharmacy:	Phone:

Date	Medication	Dosage	Prescription #
Start			
Finish	Prescribing Doctor:	Reason:	
Start			
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