

1. IDENTIFYING INFORMATION:

CASE NAME \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

WORKER NAME AND LOAD \_\_\_\_\_

REFERRAL DATE \_\_\_\_\_ REFERRED BY \_\_\_\_\_ DATE SEEN \_\_\_\_\_

MOTHER:

ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ RACE \_\_\_\_\_ NATIONALITY DESCENT \_\_\_\_\_

OCCUPATION \_\_\_\_\_ RELIGION \_\_\_\_\_

DUE DATE \_\_\_\_\_ HOSPITAL \_\_\_\_\_

ANY COMPLICATING FACTORS (HEALTH, HEREDITARY, LEGAL, ETC.) \_\_\_\_\_

FATHER:

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RACE \_\_\_\_\_ NATIONALITY DESCENT \_\_\_\_\_

RELIGION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

2. PHYSICAL DESCRIPTION:

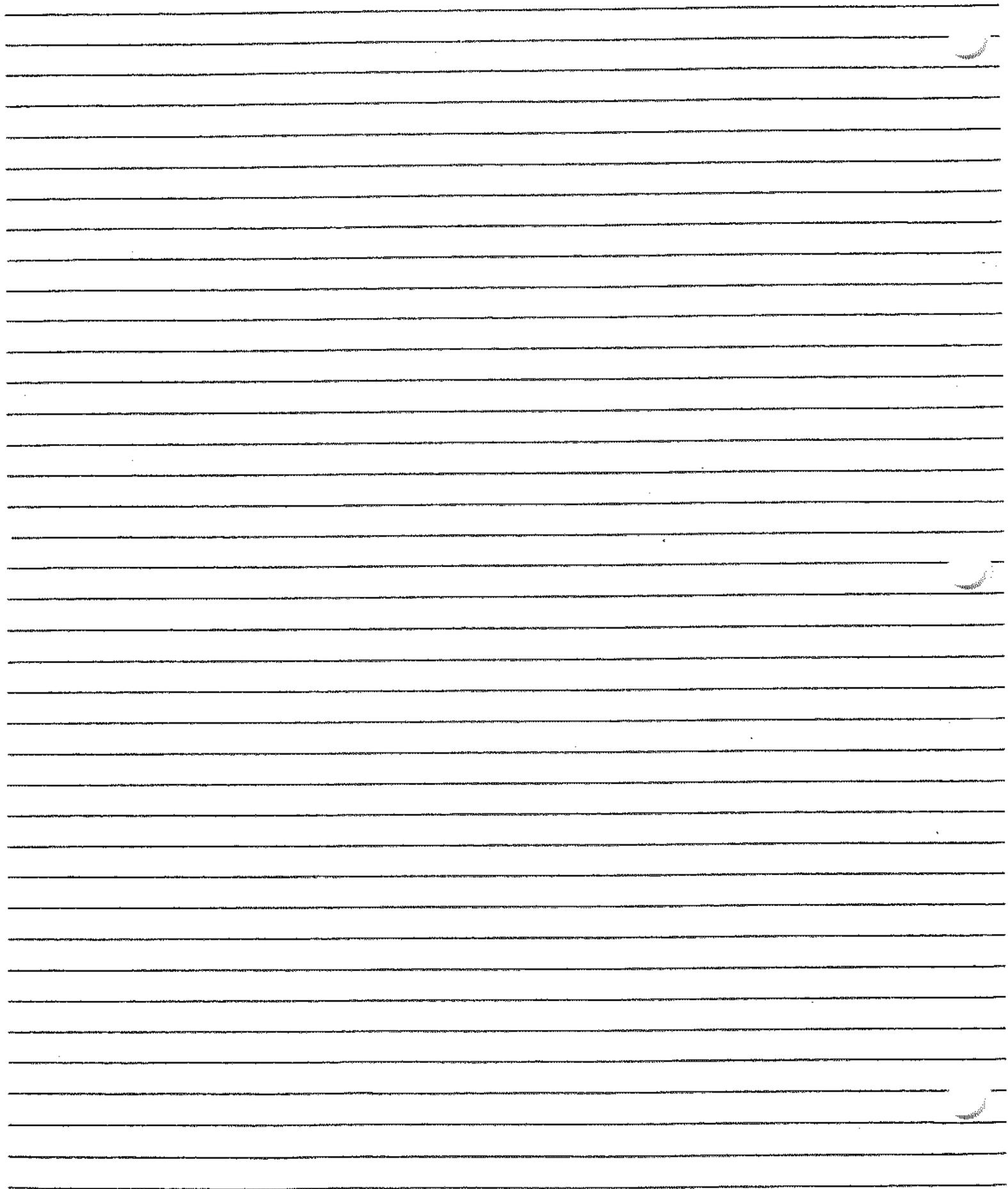
MOTHER:

EYE COLOR \_\_\_\_\_ HAIR COLOR AND QUALITY \_\_\_\_\_

COMPLEXION (SHADE AND KIND) \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BONE TYPE \_\_\_\_\_

DESCRIBE PERSONALITY AND APPEARANCE \_\_\_\_\_



FATHER:

EYE COLOR \_\_\_\_\_ HAIR COLOR AND QUALITY \_\_\_\_\_

COMPLEXION (SHADE AND KIND) \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BONE TYPE \_\_\_\_\_

DESCRIBE PERSONALITY AND APPEARANCE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. MARITAL STATUS: GIVE DATE AND PLACE

<u>MARRIAGES</u>	<u>MOTHER</u>	<u>MARRIAGES</u>	<u>FATHER</u>
1. _____		1. _____	
2. _____		2. _____	
3. _____		3. _____	

<u>DIVORCES OR DEATH OF SPOUSE</u>	<u>DIVORCES OR DEATH OF SPOUSE</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

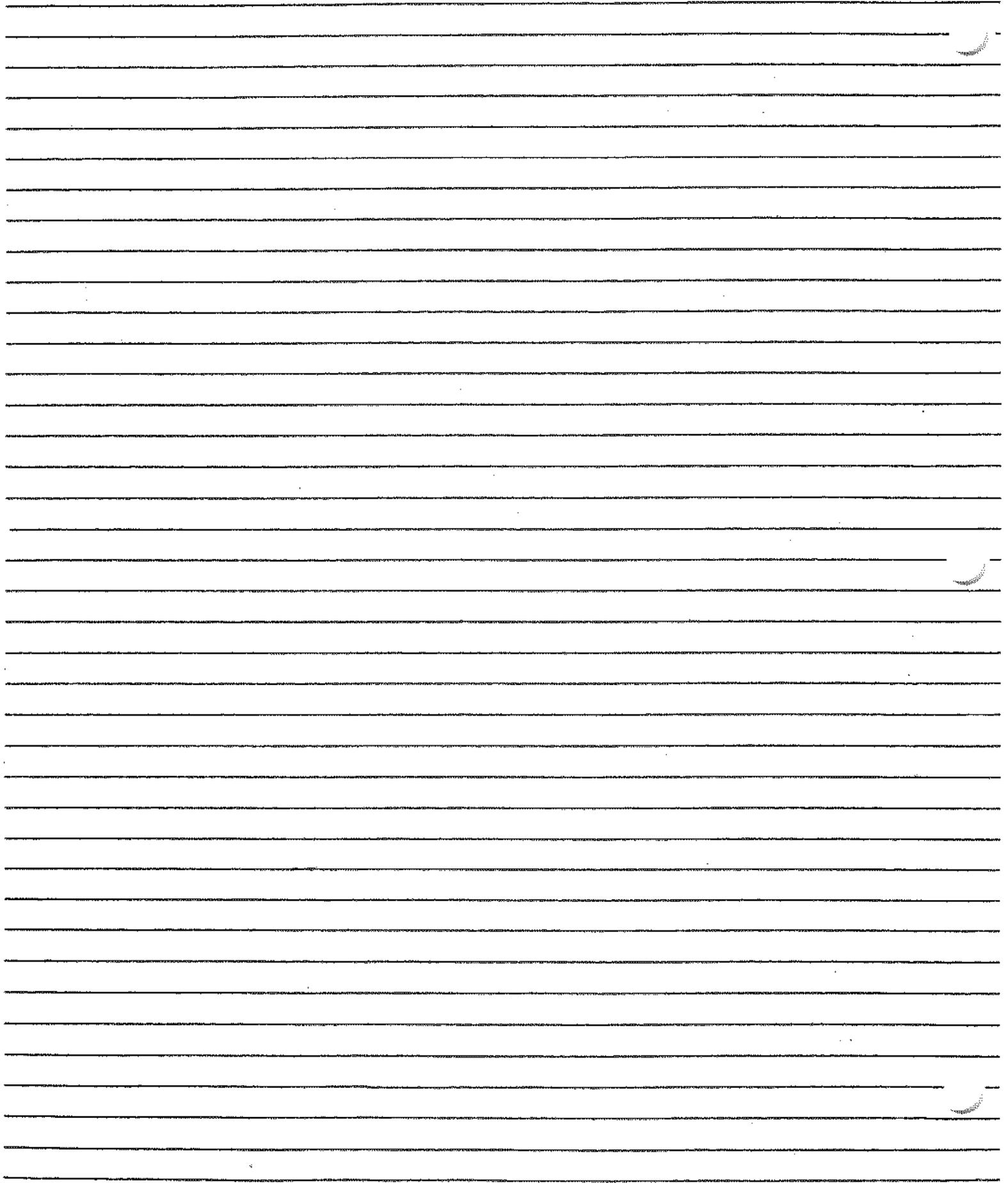
4. EDUCATION:

MOTHER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FATHER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



5. OTHER CHILDREN OF CHILD'S FATHER OR MOTHER:

NAME \_\_\_\_\_

DATE AND PLACE OF BIRTH \_\_\_\_\_

RACE \_\_\_\_\_ NATIONALITY DESCENT (PLEASE DO NOT STATE AMERICAN) \_\_\_\_\_

BODY BUILD \_\_\_\_\_ COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_

COLOR OF COMPLEXION \_\_\_\_\_

GRADE IN SCHOOL \_\_\_\_\_ PLEASE CHECK USUAL GRADES RECEIVED:

EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ AVERAGE \_\_\_\_\_ POOR \_\_\_\_\_

HEALTH (IF UNDER THE CARE OF A PHYSICIAN, PLEASE GIVE DIAGNOSIS) \_\_\_\_\_

TALENTS AND HOBBIES \_\_\_\_\_

HABITS AND PERSONALITY TRAITS \_\_\_\_\_

RESIDENCE \_\_\_\_\_

RELIGION \_\_\_\_\_

6. INHERITANCE CHART OF CHILD'S GRANDPARENTS:

GRANDFATHER:

NAME \_\_\_\_\_

DATE AND PLACE OF BIRTH \_\_\_\_\_

RACE \_\_\_\_\_ NATIONALITY DESCENT \_\_\_\_\_

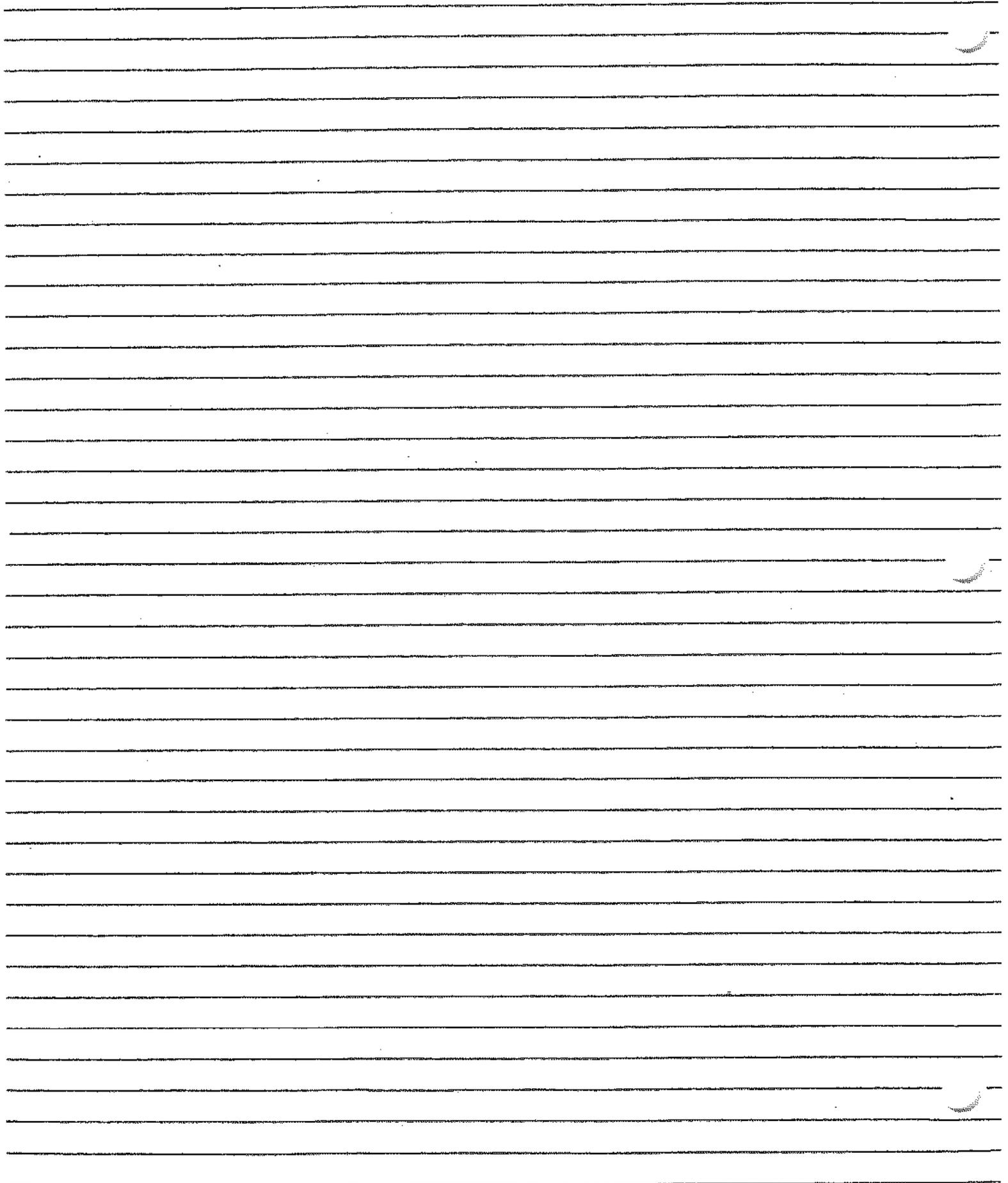
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BODY BUILD \_\_\_\_\_

COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_ COLOR OF COMPLEXION \_\_\_\_\_

EDUCATION (GIVE LAST GRADE COMPLETED) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

HEALTH (IF UNDER DOCTOR'S CARE, GIVE DIAGNOSIS) \_\_\_\_\_



TALENTS AND HOBBIES \_\_\_\_\_

RESIDENCE \_\_\_\_\_

RELIGION \_\_\_\_\_

GRANDMOTHER:

NAME \_\_\_\_\_

DATE AND PLACE OF BIRTH \_\_\_\_\_

RACE \_\_\_\_\_ NATIONALITY DESCENT \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BODY BUILD \_\_\_\_\_

COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_ COLOR OF COMPLEXION \_\_\_\_\_

EDUCATION (GIVE LAST GRADE COMPLETED) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

HEALTH (IF UNDER DOCTOR'S CARE, GIVE DIAGNOSIS) \_\_\_\_\_

TALENTS AND HOBBIES \_\_\_\_\_

RESIDENCE \_\_\_\_\_

RELIGION \_\_\_\_\_

7. INHERITANCE CHART OF BROTHERS AND SISTERS (SIBLINGS) OF FATHER OR MOTHER:

NAME \_\_\_\_\_

DATE AND PLACE OF BIRTH \_\_\_\_\_

RACE/SEX \_\_\_\_\_ NATIONALITY DESCENT \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BODY BUILD \_\_\_\_\_

COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_ COLOR OF COMPLEXION \_\_\_\_\_

EDUCATION (GIVE LAST GRADE COMPLETED) \_\_\_\_\_

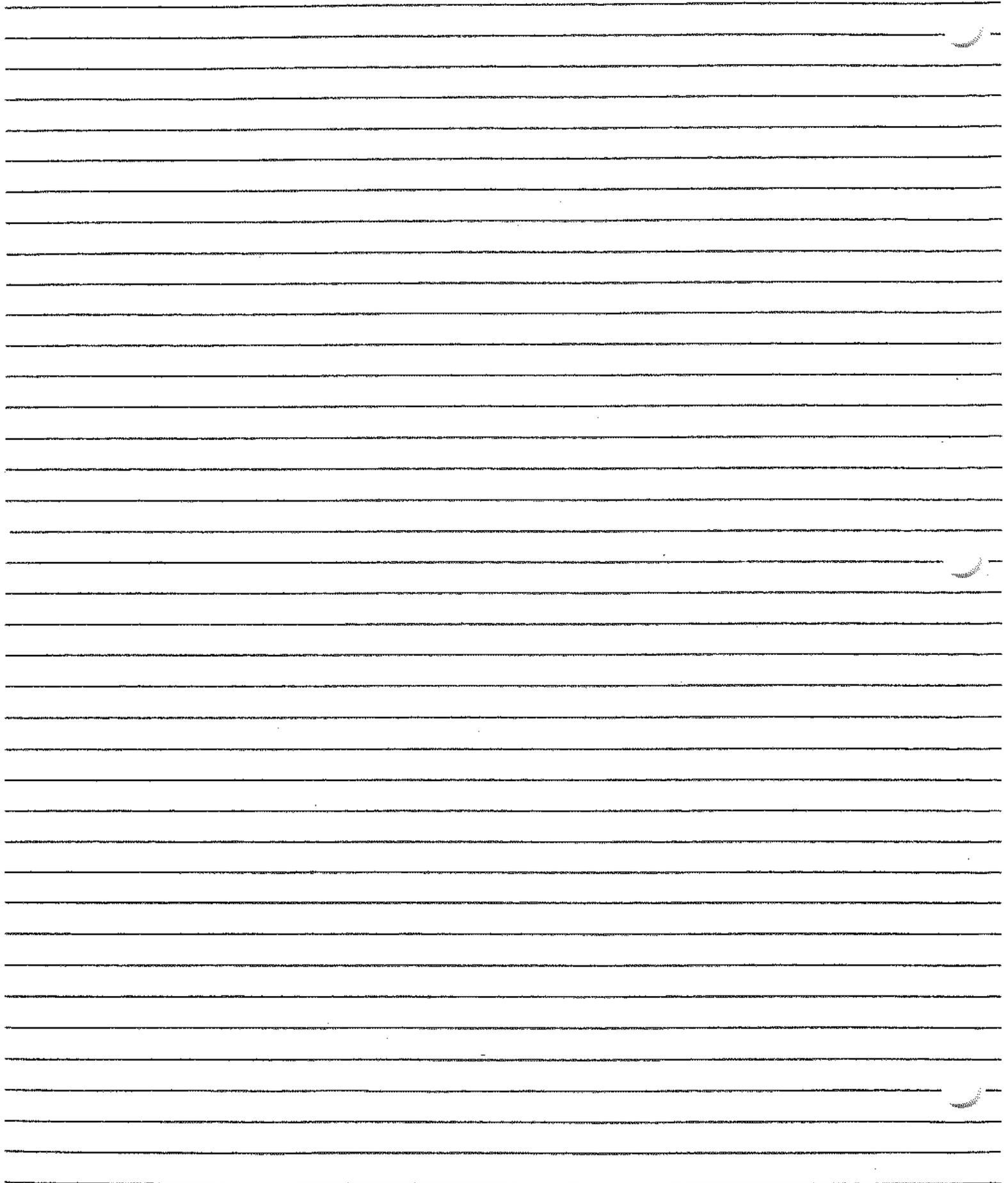
OCCUPATION \_\_\_\_\_

HEALTH (IF UNDER DOCTOR'S CARE, GIVE DIAGNOSIS) \_\_\_\_\_

TALENTS AND HOBBIES \_\_\_\_\_

RESIDENCE \_\_\_\_\_

RELIGION \_\_\_\_\_



NAME \_\_\_\_\_

DATE AND PLACE OF BIRTH \_\_\_\_\_

RACE \_\_\_\_\_ NATIONALITY DESCENT \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BODY BUILD \_\_\_\_\_

COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_ COLOR OF COMPLEXION \_\_\_\_\_

EDUCATION (GIVE LAST GRADE COMPLETED) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

HEALTH (IF UNDER DOCTOR'S CARE, GIVE DIAGNOSIS) \_\_\_\_\_

TALENTS AND HOBBIES \_\_\_\_\_

RESIDENCE \_\_\_\_\_

RELIGION \_\_\_\_\_

8. CHILDHOOD DISEASES:

MOTHER

FATHER

- |                            |       |       |
|----------------------------|-------|-------|
| 1. Asthma                  | _____ | _____ |
| 2. Chicken Pox             | _____ | _____ |
| 3. Diphtheria              | _____ | _____ |
| 4. German Measles          | _____ | _____ |
| 5. Mumps                   | _____ | _____ |
| 6. Red Measles             | _____ | _____ |
| 7. Rheumatic Fever         | _____ | _____ |
| 8. Scarlet Fever           | _____ | _____ |
| 9. Typhoid Fever           | _____ | _____ |
| 10. Whooping Cough         | _____ | _____ |
| 11. Other (Please Specify) | _____ | _____ |

9. OTHER ILLNESSES:

\_\_\_\_\_

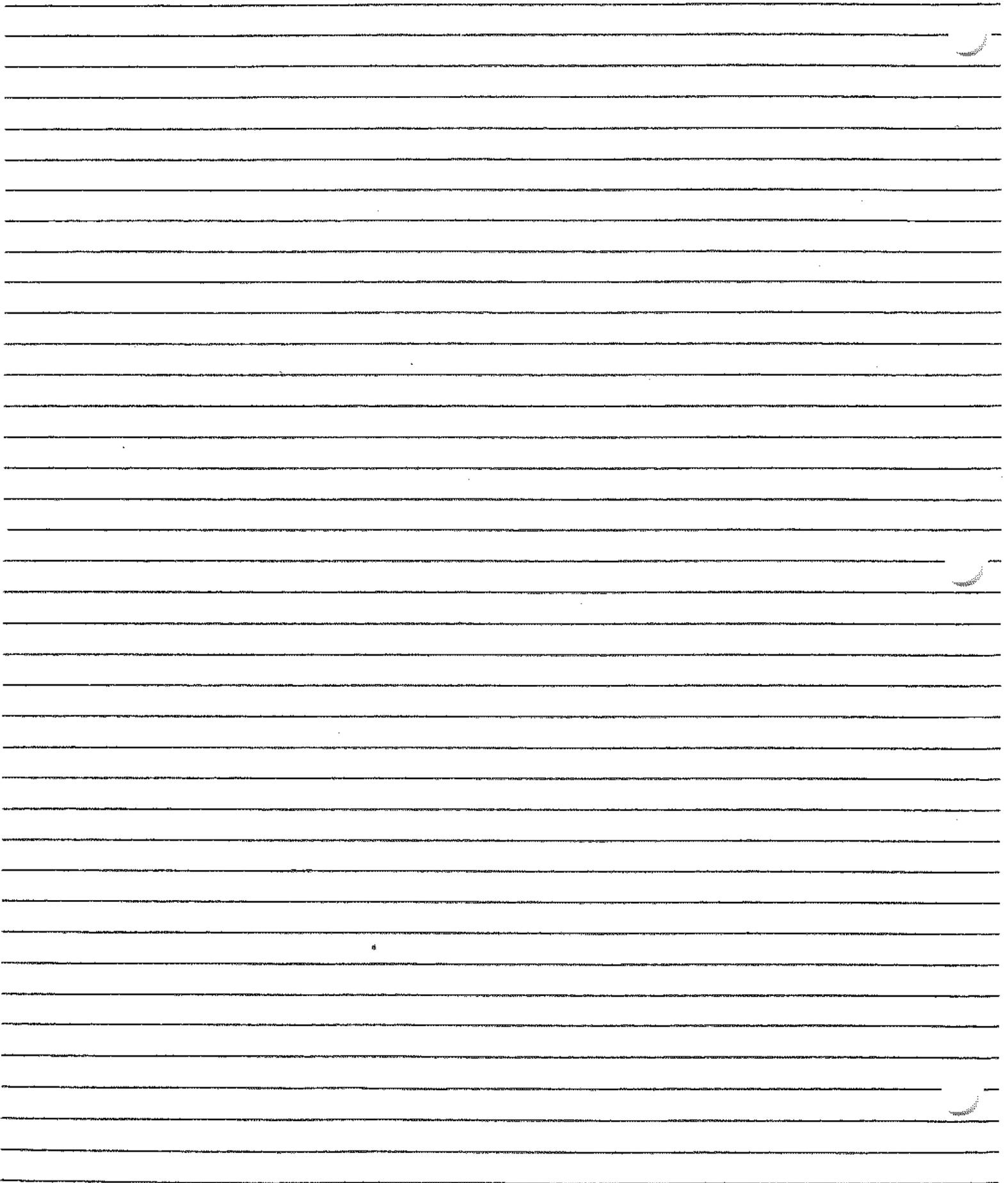
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\_\_\_\_\_



10. HEALTH HISTORY:

MOTHER

FATHER

BLOOD RELATIVE

- |   | <u>MOTHER</u> | <u>FATHER</u> | <u>BLOOD RELATIVE</u> |
|---|---------------|---------------|-----------------------|
| 1. Allergy (Type)   | _____         | _____         | _____                 |
| 2. Epilepsy   | _____         | _____         | _____                 |
| 3. Diabetes   | _____         | _____         | _____                 |
| 4. Tuberculosis   | _____         | _____         | _____                 |
| 5. Venereal Disease   | _____         | _____         | _____                 |
| 6. Glandular Disturbance  | _____         | _____         | _____                 |
| 7. Blindness  | _____         | _____         | _____                 |
| 8. Blood Defects (e.g., Sickle Cell, RH and other blood types, etc.)                          | _____         | _____         | _____                 |
| 9. Deafness   | _____         | _____         | _____                 |
| 10. Mental Deficiency   | _____         | _____         | _____                 |
| 11. Mental Illness  | _____         | _____         | _____                 |
| 12. Heart Trouble   | _____         | _____         | _____                 |
| 13. Cancer  | _____         | _____         | _____                 |
| 14. Arthritis   | _____         | _____         | _____                 |
| 15. Alcoholism  | _____         | _____         | _____                 |
| 16. Congenital Defects  | _____         | _____         | _____                 |
| 17. Neurological (e.g., Huntington's Chorea, Multiple Sclerosis, Amyotrophic Sclerosis, etc.) | _____         | _____         | _____                 |
| 18. Deaths  | _____         | _____         | _____                 |
| 19. Drug usage (prescription & non-prescription)  | _____         | _____         | _____                 |
| 20. Other   | _____         | _____         | _____                 |

11. GENERAL HEALTH:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. REACTION TO PREGNANCY:

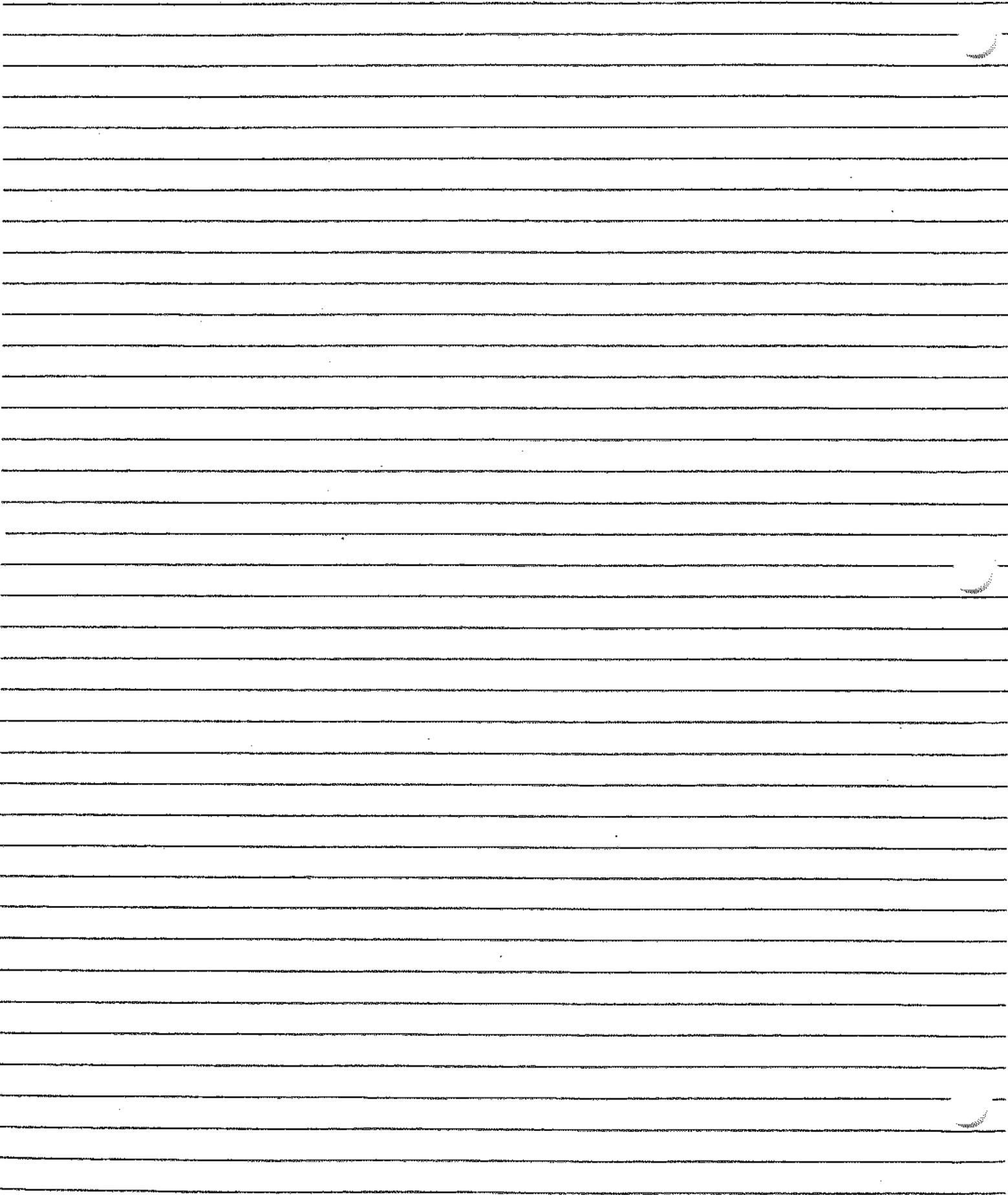
MOTHER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



FATHER:

13. MEDICAL CARE RECEIVED DURING PREGNANCY:

14. REASON FOR RELINQUISHMENT:

