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| **Timeline for: ............................................................................**DOB:..................... GP:.....................................................Telephone number:...................Address:  |
| **Date of visit:** |
| **Reason for visit:** |
| **Current complaints:** |

**Time-line**

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

**Timeline**

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| **Year/age** | **Length/Height** | **Weight** |
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| **Year/age** | **Description** | **Medication/other** |
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