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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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