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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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