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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 historyGenetic diseasesAddiction, incest, assault |  |  |
| **Conception**CircumstancesAlcohol, drugs, hormones /IVF, pill, spiral, vaccinations, medicationStress, sadness |  |  |
| **Pregnancy**MedicationContraction stimulatorVaccinationsBlood lossAcceptance parentsMother’s emotional state |  |  |
| **Delivery**Natural or otherwiseAnaesthesia/epiduralInducedPosition of babyPlacenta conditionAPGAR scoreRhesus injection |  |  |
| **Birth weight and length/height** |  |  |
| **Breastfeeding**How long, how did it go on forMedication  |  |  |
| **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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