CFS-107 (Part A)
Revised 2/2003

CHILD'S SOCIAL AND MEDICAL HISTORY

General Information:

CHILD'S FULL NAME	Date of Birth	Social Security Number
Birth Place	Ethnicity	Weight at Birth
Length at Birth	Time of Birth	Apgar Scores
Type of Delivery ☐ C-Section ☐ Forceps ☐ Vaginal	Duration of Labor	Full-Term Gestation? ☐ Yes ☐ No
Complications of Birth	Blood Type	Weight at Discharge
Breast-Fed? Yes ☐ ☐ No -- Formula:	Circumcised? ☐ Yes ☐ No	Medications Given
Physical Problems Noted at Birth		

History of Immunizations & Tests:

	TYPE	DATE		TYPE	DATE		TYPE	DATE
☐	DPT		☐	Smallpox		☐	Tuberculosis	
☐	Measles		☐	Tetanus Booster		☐	Other (Specify)	
☐	Polio		☐	Other (Specify)		☐	Other (Specify)	

Developmental Milestones:

MILESTONE	AGE	MILESTONE	AGE	MILESTONE	AGE	MILESTONE	AGE
Turned Over		Crawled		Walked		Toilet	

						Trained	
Sat		**Stood**		**Fed Self**		**Used Words**	

Childhood Diseases:

☐	Allergies (Specify)	☐	Diabetes	☐	Poliomyelitis
☐		☐	Diphtheria	☐	Recurrent Ear Infections
☐		☐	Epilepsy	☐	Recurrent Tonsillitis
☐		☐	German Measles	☐	Rheumatic Fever
☐		☐	Kidney Infection	☐	Scarlet Fever
☐	Bladder Infection	☐	Measles	☐	Tuberculosis
☐	Bronchitis	☐	Mumps	☐	Typhoid Dysentery
☐	Chicken Pox	☐	Pneumonia	☐	Whooping Cough

Child's Medical Situation at Time of Placement:
Child's History of Surgeries and/or Hospitalizations:
Child's Physically Handicapping Conditions:
Child's History of Psychological or Psychiatric Treatment (reason & current status):
Reason for Child's placement into out-of-home care (attach copy of Affidavit):

Physical Description of Child:

Eye Color	**Hair Color**	**Skin Color**	**Build**	☐ **Right-Handed** ☐ **Left-Handed**

Current Child Status Regarding:

Eating Habits	Sleeping Habits	Bath Habits	Toilet Training

Child's Likes	Child's Dislikes

Prenatal History With this Child:

Date prenatal care began	Mother's age at time of this pregnancy	Number of previous pregnancies
Number of live births	Weight Gained during pregnancy	Blood Type

Medication, drugs and/or alcohol used PRIOR to this pregnancy	Medication, drugs and/or alcohol used during this pregnancy
Complications/accidents during this pregnancy	Congenital defects of mother
Surgeries performed during pregnancy with this child	Problems with this Delivery -- explain

Contagious/Infectious Diseases Birth Mother Experienced:

Chicken Pox	☐	Herpes	☐	Rheumatic Fever	☐	Tuberculosis	☐
German Measles	☐	Measles	☐	Scarlet Fever	☐	Other (Specify):	☐
Gonorrhea	☐	Mumps	☐	Syphilis	☐	Other (Specify):	☐

Other Complications with Birth Mother:

Allergies:	☐	Convulsions	☐	Diabetes	☐	Sickle-cell Anemia	☐
Allergies:	☐	Elevated Cystic Fibrosis	☐	Blood Pressure	☐	Toxemia	☐

Siblings to this Child:

NAME	BIRTHDATE	WHEREABOUTS

Relationship between Birth Parents (when this child was conceived):

☐ Married ☐ Divorced ☐ Separated
☐ Living Together ☐ Widowed ☐ OTHER:

Relationship between Birth Parents (at the time of child's out-of-home placement):

☐ Married ☐ Divorced ☐ Separated
☐ Living Together ☐ Widowed ☐ OTHER:

Placement History:

WHEN TO WHEN	WITH WHOM/WHERE	REASON FOR MOVE

Additional Information/Summary:

Person Completing this Form: ____ Date Completed: ____

Person Updating this Form: ____ Date Completed: ____

Person Updating this Form: ____ Date Revised: ____

Person Updating this Form: ____ Date Revised: ____ _____