



Information Form

(Please fill out and bring it with you for the first consultation with the doctor).

Childs Name and Cpr. nr.: _____

Fathers phone: _____ Mothers phone: _____

Allergies (yes/no)?

Pregnancy length (weeks)?

Birth Weight (kg)?

Problems during pregnancy or during delivery?

How long time did you breastfeed?

Development normal/delayed?

Vaccination program followed?

Hospitalizations?

Family data:

Mothers name and cpr.no: _____

Fathers name and cpr.no: _____

Siblings how many /ages? _____

Parents married?

Common custody?

If not, who has custody?

Inherited diseases in the family – if so which?

I hereby give written consent that børnelægeklinikken collects data, that are necessary for the treatment of my child/adolescent from hospitals, other specialists or GP's.

Date signature: _____

Custody holders name and cpr. No written in capital letters.