Ime i prezime djeteta\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trudnoća po redu\_\_\_\_\_\_\_\_\_\_\_

Komplikacije u trudnoći\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Novorođenče po redu\_\_\_\_\_\_\_\_\_\_\_\_

Poteškoće u porodu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Porod protekao\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Porođajna težina\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_g

Porođajna težina\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cm

Apgar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Imao/la žuticu u rodilištu DA ili NE

Bolovao/la u prvom mjesecu života DA ili NE

1.Zubići sa\_\_\_\_\_\_\_\_mj

Sjedi bez oslonca sa\_\_\_\_\_\_\_\_\_mj

1.riječi sa \_\_\_\_\_\_\_\_\_\_mj

1.rečenice sa \_\_\_\_\_\_\_\_\_\_\_\_\_mj

Prohodao/la\_\_\_\_\_\_\_\_\_\_\_\_\_\_mj

Kontrola mokraće\_\_\_\_\_ i stolice\_\_\_\_\_\_\_\_\_\_\_\_\_mj

Dešnjak/ljevak

Zapažanja roditelja\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pohađao/la vrtić \_\_\_\_\_\_\_\_\_\_god.ukupno

Zapažanja teta u vrtiću\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Popije \_\_\_\_\_\_dcl mlijeka na dan

Ima\_\_\_\_\_\_ mesnih obroka tjedno

Ima \_\_\_\_\_\_\_kuhanih obroka dnevno

Ima \_\_\_\_\_\_\_\_hladnih obroka dnevno

Bavi se:

Sportom DA ili NE

Glazbom DA ili NE

Uči strani jezik DA ili NE

Imao/la dječje bolesti\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Imal li alergiju na:

Hranu DA ili NE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lijekove DA ili NE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ostalo DA ili NE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_