

## HEALTH HISTORY

Name \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_

Please add the date to any of the following conditions that apply to your child's health history:

|                                   |                      |
|-----------------------------------|----------------------|
| Allergies _____                   | Mononucleosis _____  |
| Asthma(RAD) _____                 | Pneumonia _____      |
| Birth Defects _____               | Scarlet Fever _____  |
| Chickenpox _____                  | Scoliosis _____      |
| Diabetes _____                    | Seizure _____        |
| Frequent Colds _____              | Skin Condition _____ |
| Heart Disease _____               | Strep Throat _____   |
| Kidney/Bladder Difficulties _____ | Whooping Cough _____ |

Medication (Taken on a regular basis, excluding vitamins) \_\_\_\_\_

Hospitalization/Surgeries \_\_\_\_\_

Please check the information that applies and add any pertinent information or dates:

### Eye Difficulties:

Lazy Eye \_\_\_\_\_  
Glasses or Contacts \_\_\_\_\_  
Prosthesis \_\_\_\_\_  
Color Blind \_\_\_\_\_  
Have they ever been seen by an eye  
Specialist \_\_\_\_\_

### Ear Problems:

Ear Infections \_\_\_\_\_  
Tubes \_\_\_\_\_  
Hearing Loss \_\_\_\_\_  
Throat Infections \_\_\_\_\_  
Other \_\_\_\_\_

### Heart Problems:

Heart Murmurs \_\_\_\_\_  
Congenital Heart Disease \_\_\_\_\_  
Palpitations \_\_\_\_\_  
Other \_\_\_\_\_

### Gastrointestinal Disorders:

Frequent Stomachaches \_\_\_\_\_  
Acid Reflux \_\_\_\_\_  
Constipation \_\_\_\_\_  
Any dietary restrictions \_\_\_\_\_  
\_\_\_\_\_

### Accidents:

Serious Head Injury \_\_\_\_\_  
Loss of Consciousness \_\_\_\_\_  
Other \_\_\_\_\_

### Musculoskeletal/Orthopedic:

Any physical limitations \_\_\_\_\_

Has the child ever been to a dentist? \_\_Yes\_\_ No  
Any problems? \_\_\_\_\_

### Neurological Conditions:

Frequent Headaches \_\_\_\_\_  
Hyperactivity \_\_\_\_\_

Physician's Name (Please Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_