HEALTH HISTORY

Height ________ Weight ________ Date of Birth ________ Age ________

Allergies ________

List diagnoses or presenting problems ________

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1. Does this person take medication(s)? ☐ Yes ☐ No

   List the medication(s) ________

2. Are immunizations current? ☐ Yes ☐ No
3. Does this person have a seizure disorder? ☐ Yes ☐ No

   Date of last seizure ________ Frequency ________

   ☐ Controlled ☐ Partially controlled ☐ Uncontrolled

4. Does this person have any chronic reoccurring medical problems? ________

5. Has this person had

Measles	☐ Yes	☐ No	Surgeries	☐ Yes	☐ No
Mumps	☐ Yes	☐ No	Fractures	☐ Yes	☐ No
Rubella	☐ Yes	☐ No	Serious Illness/diseases	☐ Yes	☐ No
Chicken Pox	☐ Yes	☐ No	Chronic ear infection	☐ Yes	☐ No
Hepatitis	☐ Yes	☐ No	Sexually transmitted diseases	☐ Yes	☐ No

   If yes, explain ________

6. Does this person now walk? ☐ Yes ☐ No Comments ________

   Talk? ☐ Yes ☐ No Comments ________

7. Does this person use the bathroom independently? ☐ Yes ☐ No
8. Does the person feed self? ☐ Yes ☐ No

   ☐ Table Food ☐ Baby Food ☐ Processed Food ☐ Special Diet

   Other (Explain) ________

9. Does this person use ☐ Glasses ☐ Hearing Aid ☐ Crutches ☐ Braces ☐ Walker ☐ Wheelchair
10. Does this person have behavior characteristics that you consider unusual?

Head banging	☐ Yes	☐ No	Rocking	☐ Yes	☐ No
Aggression	☐ Yes	☐ No	Property Destruction	☐ Yes	☐ No
Other	☐ Yes	☐ No	Explain ________		

Permanent Record

Questions for natural parents

11. Prenatal care started at what month? ____________________

    How would you describe the pregnancy, labor, and delivery?

    ____

    ____

    ____

12. Were there illnesses during pregnancy? ☐ Yes ☐ No

13. Alcohol use? ☐ Yes ☐ No   Cigarette Use? ☐ Yes ☐ No

    Drug use? ☐ Yes ☐ No

14. The baby was ☐ Full Term ☐ Premature

15. The delivery was ☐ Normal ☐ Cesarean

16. Were there any problems immediately after birth? ☐ Yes ☐ No

    Explain ____________________

    ____

    ____

17. Did this person pass the developmental milestones in time frames you are accustomed to seeing in other children?

    ☐ Yes ☐ No

    First sat up at what month __________   Talking at what month __________

    First walked at what month __________   Toilet trained at what month __________

    Comments ____________________

    ____

BLOOD RELATIVES WITH ANY OF THE FOLLOWING (following section to be updated annually)

	Relative with illness		Relative with illness
Asthma		Kidney Disease	
Cancer		Mental Disorder	
Blood Disease		Stroke	
Diabetes		Alcoholism	
Seizures		Rheumatic Fever	
Tuberculosis		High Blood Pressure	
Gout		Rheumatoid Arthritis	
Heart Disease		Sickle Cell Anemia	
Multiple Sclerosis			

____________________ __________

Form Completed by   Date

____________________ __________

Updated by   Date

____________________ __________

Updated by   Date