Medical History Form

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is your child currently on any medications (if so, what medications & dosages):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any significant medical history such as hospitalizations, serious illnesses or surgeries? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anyone in the family with a history of the following (if so, please specify relationship):

* Asthma:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Birth Defects: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Childhood Cancers/Leukemia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Infant Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mental Retardation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Developmental Delay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Speech/Hearing/Language Delay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Learning Problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cystic Fibrosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Early Heart Attack < 55: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hypertension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Diabetes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Anything strange or unusual on either side of the family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify that the answers to the questions above are correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print Name Date