

Name: _____ Date: _____

HEALTH INFORMATION BACKGROUND (Child: 2 to 16 Years)

Please take a few minutes to complete the following, describing your child's **usual** condition. His/her current problem will be discussed in depth with your doctor.

Has your child ever had: (if yes list month & year):

_____ Measles	_____ T.B.	_____ Ear Infections	_____ Liver problems
_____ Rubella (German Measles)	_____ Seizures	_____ Diabetes	_____ Kidney problems
_____ Mumps	_____ Croup	_____ Recurrent Headaches	_____ Thyroid disease
_____ Chicken Pox	_____ Pneumonia	_____ Anemia	_____ ADD/ADHD
_____ Asthma	_____ Jaundice	_____ Cystic fibrosis	_____ Anxiety/Depression
_____ Strep Throat	_____ Birth Defects	_____ Urinary tract infection	

Other explain:

Any problems with birth or early childhood, development? _____

Any hospitalizations? _____

Any surgeries? _____

List allergies (seasonal, medication, food, insect bites or other): _____

List any routine medicines your child takes? _____

Is your child up to date with immunizations? _____ If no, which were missed? _____

Do any illnesses or conditions run in the child's family? _____ If yes explain _____

If in school, current grade level _____. School performance: good/fair/poor (circle)

Does child participate in sports/exercise: how often _____

Other concerns or problems we should know about: _____
