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

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:
__________________________________________________________________________________________
__________________________________________________________________________________________