

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_