MEDICAL HISTORY
For under 18 years of age

ecumenical
CENTER FOR RELIGION AND HEALTH
healing & growth through knowledge & faith

Child's Name:_____ DOB:_____Age:____ Today's Date:_____

Has your child been seen by a physician for **any** of the following:

	Yes	No	Don't Know		**Comments**:
1.	___	___	____	Asthma/RSV/Allergies	_____
2.	___	___	____	Bedwetting/Soiling	_____
3.	___	___	____	Blackouts/fainting/dazes off	_____
4.	___	___	____	Chicken Pox	_____
5.	___	___	____	Dental Problems	_____
6.	___	___	____	Diabetes	_____
7.	___	___	____	Female issues/pregnancy/Birth control	_____
8.	___	___	____	Food Allergies	_____
9.	___	___	____	Headaches	_____
10.	___	___	____	Head Injury/ Unconscious	_____
11.	___	___	____	Hearing Problems/Tube in Ear	_____
12.	___	___	____	Heart Problems	_____
13.	___	___	____	Measles (which)	_____
14.	___	___	____	Mumps	_____
15.	___	___	____	Repeated Infections (**Strep**/ear.etc)	_____
16.	___	___	____	Severe muscle strains/Broken Bones	_____
17.	___	___	____	Stomach Problems	_____
18.	___	___	____	Suicide gesture/attempt	_____
19.	___	___	____	Toileting (other than #2 above)	_____
20.	___	___	____	Venereal disease/STD	_____
21.	___	___	____	Vision Problems	_____
22.	___	___	____	Weight Issues	_____

Other: _____
_____

Medical History

Name of Primary Care Physician: _____
Address_____
Date of last physical exam:_____
Shots Up to Date? Yes No

Has your child ever been seen by a psychiatrist? Yes No
If yes, whom: _____
Address: _____

Medication prescribed? _____ Last Seen: _____

Has the child ever been hospitalized? Yes No
If yes, please explain.

Age	How Long	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has child ever been seen by a medical specialist? Yes No
If yes, please explain.

Age	How Long	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medication History: **Name** **Dosage** **Reason** **Effective?**

Current Medications: _____
_____
_____

Previous Medications: _____
_____
_____

Relationship of Person Completing this Form: Mother/Father Grandmother/Grandfather
Foster Parent Other: _____

Signature: _____ Legal Guardian? Yes No