



Child Medical History

Please indicate with a YES or NO. Does your child currently have/previously had any of the following health problems?

Allergies (Food, LATEX, Drug, Unknown) If yes, Please

List _____

Rheumatic Fever / Rheumatic Heart Disease _____

Congenital Heart Disease or Heart Murmur If yes, Premed Needed?

_____ Name of Pharmacy: _____

Pharmacy Phone Number: _____

Glandular or Hormonal Problems _____

Diabetes/Blood Sugar Problems _____

Convulsions, Seizures, Fainting or Epilepsy _____

Anemia, HIV, AIDS, OR Blood Disorders _____

Asthma or Hay Fever (Please Indicate) If yes, please list any current medications: _____ Are your child's

Immunizations Current?

High/Low Blood Pressure _____ **Any Current/Recent Injuries** _____

Childhood Illnesses _____ **Blood Transfusion** _____

Any Prolonged Bleeding/Bruises Easily _____

Kidney or Bladder Problems _____

Tuberculosis or Pneumonia _____

Liver Problems, Jaundice or Hepatitis _____

Accidents or Severe Infections _____

Psychological or Emotional Problems _____

Any Pending/Recent Surgery _____

Speech, Learning, or Hearing Disorders _____

Please explain any other medical concerns/Current Medication(s):

To the best of my knowledge, all of the answers and information provided are true and correct. If my child's health changes, I will inform the doctors at the next appointment without fail. My signature denotes that I am the legal guardian/parent and authorized to make medical, dental, and financial decisions on behalf of the child patient.

Signature

Date