Health History

(To be provided by parents)

Name :	
Birth of Day : M ☐ D ☐ Y ☐	Sex : M ☐ F ☐
Child's Social Security Number :	

Medical History

Diseases :

Asthma	☐	Pneumonia	☐
Chicken Pox	☐	Whooping Cough	☐
Heart Disorder	☐	Diphtheria	☐
Measles	☐	Mumps	☐
Rubella	☐	Other	☐

Congenital Malformations ______________________________

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Allergies (drug, food, etc) ______________________________

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Drug Sensitivities ______________________________

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Seizures ______________________________

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Comments

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Parent's Signature :		Date :
Address :		
City :	Zip Code :	Phone # :

Health History

(To be provided by parents)

Child's Special Interests :

Singing ☐	Music ☐
Painting ☐	Coloring ☐
Stories ☐	Trucks ☐
Outside play ☐	Pets ☐
Other :	

Is your child generally :

Cooperative ?	Shy ?
Competitive ?	Happy ?
Aggressive ?	Sensitive ?
Submissive ?	Angry ?

Your Child usually does what is asked of him/her ?_______________________

Your child seldom does what is asked of him/her ?_______________________

whines ? ____

List other behaviors characteristic of your child :

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