

Medical History and Current Health Status
Reevaluation

Student Name _____ Grade _____ Date of Birth _____
District _____ School _____ Case Manager _____
Parent/ Guardian(s) _____
Address _____ Home Phone _____ Cell Phone _____
Date of Last Reevaluation _____ Vision Screening _____ Hearing Screening _____

Medical History Update

1. Have there been any significant illnesses or injuries since the last evaluation? yes no
2. Was a medical specialist consulted? yes no
3. Was the child hospitalized? yes no
4. If the answer to any of these questions is "yes", please explain:

Current Health Status

1. How would you describe your child's general health? good fair poor
2. Date of last physical exam _____ Physician _____
Result _____
3. Does your child take any medication? yes no
Medication/Dosage: _____
4. Persistent physical complaints: _____
5. Does your child have any of the following symptoms?

_____ Indigestion	_____ Poor appetite	_____ Diarrhea
_____ Constipation	_____ Dizziness	_____ Frequent headaches
_____ Frequent temperatures	_____ Asthma	_____ Frequent colds
_____ Eye strain	_____ Allergies	_____ Vomiting
_____ Lethargic	_____ Complaints of pain	_____ Nightmares
_____ Sinus trouble	_____ Anxiety	_____ Fatigue
_____ Ear infections	_____ Unusual sleeping habits	_____ Seizures
6. Is your child receiving treatment for any medical conditions? yes no
Condition _____ Treatment _____
7. Has a release of information been obtained from doctors or hospitals?

Reporter _____ Relationship _____
Interviewer _____ Date _____