

Medical History and Current Health Status
Initial Evaluation

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

Birth History

1. Mother's general health during pregnancy _____

2. Mother's age _____ Father's age _____ at birth of child.
3. Medications during pregnancy or delivery _____
4. Any falls or other accidents during pregnancy? _____
5. Was your delivery full term? ___yes ___no
6. How would you describe your delivery? _____

7. Child's condition at birth _____
Birth weight: _____ lbs. _____ oz.
8. Hearing screening at birth ___pass ___fail, follow up _____
9. Any other medical problems at birth _____

Medical History

1. Childhood Illnesses or Diseases	Age	Complications
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Lead screening results pass fail Treatment recommended _____
3. Has the child ever been hospitalized? _____

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 have a current medical diagnosis? _____

4. Does your child take any medication? ___yes ___no
Medication/Dosage: _____

5. Persistent physical complaints: _____

6. Does you 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
7. Is your child receiving treatment for any medical conditions? ___yes ___no
Condition _____ Treatment _____
8. Has a release of information been obtained from doctors or hospitals?

Notes

Reporter _____ Relationship _____
Interviewer _____ Date _____