

Healthy History Update

Has the child ever had any of the following conditions?

- | | |
|------------------------------|---------------------------------|
| Y N Abnormal Bleeding | Y N Special Needs/Disabilities |
| Y N Allergies to any Drugs | Y N Hearing Impairment |
| Y N Any Hospital Stays | Y N Heart Disease/Murmur |
| Y N Any Operations | Y N Hemophilia/Blood Disorders |
| Y N Asthma | Y N Hepatitis |
| Y N Cancer | Y N HIV + / AIDS |
| Y N Congenital Birth Defects | Y N Kidney/Liver Conditions |
| Y N Convulsions/Epilepsy | Y N Rheumatic/Scarlet Fever |
| Y N Pregnancy | Y N Allergies to Latex Product |
| Y N Tuberculosis | Y N Diabetes |
| Y N ADD/ADHD | Y N Glandular/Hormonal Disorder |

Please discuss any serious medical conditions the child has had

Please list all drugs the child is currently taking _____

Please list all drugs the child is allergic to _____

Child's Physician _____

Phone (_____) _____

Date of last physical exam _____

Results (please circle one) : good fair poor

Child's weight _____ Child's height _____

Immunization up to date: Yes No

Does your child need to be pre-medicated before

dental appointment: Yes No