

## Child's Health History Checklist

Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date child was last seen by a doctor: \_\_\_\_\_

*This information is confidential and should be answered honestly. Answering these questions will help us to know if your child has any medical problem. Should he/she become ill while in our care, we need this information in the event emergency medical service is necessary. Thank you for your attention to this matter.*

### Pregnancy and Birth:

YES NO Were there any medical problems during pregnancy or your child's birth?  
If yes, please explain: \_\_\_\_\_

YES NO Did the child have any medical problems while in the hospital?  
If yes, please explain: \_\_\_\_\_

YES NO Was his/her birth weight less than 5 and a half pounds?

### Medical History:

YES NO Has your child ever been in the hospital overnight?  
If yes, please explain: \_\_\_\_\_

YES NO Does your child regularly take ANY medication?  
If yes, please explain: \_\_\_\_\_

YES NO Does your child has any known allergies, DTP/other shots, or insect bites?  
If yes, please explain: \_\_\_\_\_

YES NO Has your child ever shown symptoms of asthma or wheezing?

YES NO Can you child play as hard as other children?

YES NO Does your child have any speech or hearing conditions?

YES NO Does you child have any sight or eye conditions?

YES NO Is your child prone to chronic (more than 2 per year) ear infections?

YES NO Does your child have tubes in his/her ear(s)?

YES NO Has your child ever been treated for tonsillitis?

YES NO Has your child ever been treated for kidney of bladder problems?

YES NO Has your child ever been diagnosed with a heart murmur?

YES NO Has your child ever received a positive result to a skin TB test?

YES NO Has your child ever been exposed to someone with TB?

YES NO Has your child ever been treated for worms, pin worms or tape worms?

If yes, when? \_\_\_\_\_

YES NO Has your child ever been treated for a yeast infection or other genital irritation?

YES NO Is your child a hemophiliac ("free-bleeder")?

YES NO Is your child on a heart monitor?

### General Development:

YES NO Has your child ever been evaluated for a developmental delay?

If yes, please provide us with a copy of that documentation.

YES NO Has your child been formally diagnosed of any developmental delay?

YES NO Does your child have ANY special needs or disabilities?

If yes, please explain: \_\_\_\_\_

YES NO Does your child get along well with others?

YES NO Is your child usually content/happy?

I, \_\_\_\_\_, as this child's parent/guardian confirm that the information provided on this checklist is accurate and true to the best of my knowledge.

Parent/Guardian Signature

Date