

Children's Assistance Resources & Education A Program of the Chandler Unified School District *Healthy Children, Better Communities*

MEDICAL HISTORY FORM

PATIEN	IT INFORMATION					
-	Last		Firs	·+	Sex: Female	Malo
	Lasi		FIIS	o t		IVIAIE
-	Date of Birth		Age	ê	Race	
	Month / Day / Year					
HOUSE	HOLD INFORMATION					
Please	list all the people in the he	ousehold:				
	First Name	Last Nar	ne	Date of Birth	Occupation	Education
Father					8	
Mother						
Other						
Other						
Other						
	nere been any recent chan blease explain:	ges or stresses in	the child's	life? No	Yes	
5	our child go to a babysitte HISTORY	r, preschool, or da	ay care regu	ılarly? 🗌 No	o 🗌 Yes	
Birth W	eight:	Length:		Place:		
During	the pregnancy did the mo pregnancy did mother: (If ye	ther see a doctor	regularly?	No Yes	Explanation	
Dunny	Have any medical problems		lo Yes		LApianation	
	Smoke or drink?		lo Yes			
	Use any medications?		lo Yes			
	Use alcohol or drugs?		lo Yes			
	Have problems with labor/d		lo Yes			
Howler	ng did the baby stay in the h		162	1		
	iy ulu the baby stay in the h					

PAST MEDICAL HISTORY

Is the child's general health:	Good Fair Poor
Does the child have any allergies?	No Yes
Is the child taking any medications?	No Yes
	No Yes

Has the child ever had any problems with the fe	ollowing, if yes, please explain:
Eyes/Vision	No Yes
Feet	No Yes
Digestion/Nutrition	No Yes
Ears/Hearing	No Yes
Urine/Kidneys	No Yes
Joints	No Yes
Skin	No Yes
Lungs	No Yes
Teeth	No Yes
Heart	No Yes
Seizures	No Yes
Repeated Infections	No Yes

FAMILY HISTORY

Have any of the child's brothers or sisters died?	P No Yes If yes, give age and cause:
Have any of the child's blood relatives had the f	ollowing diseases? If yes, please list family member.
Heart Disease	No Yes
Tuberculosis	No Yes
High Blood Pressure	No Yes
Kidney Disease	No Yes
Allergies/Asthma	No Yes
Cancer	No Yes
Diabetes	No Yes
Mental/Emotional Problems	No Yes
Sickle Cell	No Yes
Seizures	No Yes

DEVELOPMENT

Do you have any concerns about the following	j? If yes, please explain.
Development	No Yes
Behavior	No Yes
Eating Habits	No Yes
Sleeping Habits	No Yes
School Experiences	No Yes
Bathroom/Toilet Habits	No Yes
Discipline	No Yes
Other(explain)	No Yes

IMMUNIZATIONS

Up-to-date?

Parent/Legal Guardian

Date

Reviewed By

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Date