

Past Medical History

Please circle whether your child has been diagnosed, or suffered from, any of the following conditions.

- | | | |
|---------------------|-------------------------|------------------|
| ADHD | Diabetes | Mumps |
| Anemia | Diarrhea | Numbness |
| Asperger's syndrome | Ear infections | PANDAS |
| Asthma | Eczema | PE tubes |
| Autism | Environmental allergies | Pneumonia |
| Autoimmune problems | Febrile seizures | Posture problems |
| Bloody stool/urine | Food intolerances | Premature birth |
| Bronchitis | Frequent colds | Rectal bleeding |
| Cancer | GERD | RSV |
| Cerebral Palsy | Hearing problems | Sinus problems |
| Chest pain | Immunization reaction | Speech delay |
| Chicken pox | Irregular heart beat | Strep throat |
| Chronic fatigue | Measles | Vision Problems |
| Conjunctivitis | Meningitis | Whooping cough |
| Constipation | Migraines | Other |
| Croup | Mononucleosis | |

Surgeries Please list any surgeries your child has undergone, as well as, any complications.

SURGERY	COMPLICATIONS

Social History Please check all that apply.

<input type="checkbox"/>	Child is in a home daycare	<input type="checkbox"/>	Child is in elementary school
<input type="checkbox"/>	Child is in a public daycare	<input type="checkbox"/>	Child is in middle school
<input type="checkbox"/>	Child has babysitter	<input type="checkbox"/>	Child is in high school
<input type="checkbox"/>	Child is in preschool	<input type="checkbox"/>	Child is homeschooled

Father's occupation _____ Mother's occupation _____

Parent's marital status: Single Married Divorced (recently / past) Separated

Pets in home: Yes No If yes, specify _____ Tobacco exposure: Yes No

Home environment stressors: _____