PERSONAL MEDICAL HISTORY

Please answer these questions to the best of your ability. The information provided will help the doctor in making decisions in your care. The information is confidential and will not be released without your consent.

Name _____ Personal Physician _____

Is child current on immunizations? Yes ☐ No ☐

Past Medical History: Check any of the following which you have had and the year of diagnosis.

- ☐ Measles
- ☐ Mumps
- ☐ Rubella
- ☐ Chicken Pox
- ☐ Scarlet Fever
- ☐ Rheumatic Fever
- ☐ Tuberculosis
- ☐ Hypertension
- ☐ Diabetes
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ Kidney Disease
- ☐ Seizures

Allergies to Medications (List) _____

Present Medications (List) _____

Hospitalizations and Surgery: (List) _____

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