Medical History

Today's date_____

Child's Name_____ Date of Birth_____

Form completed by (name) _____Relationship to child_____

Child's country of birth: _____

Child's **CURRENT** medicines: _____
Child's allergies to medicines: _____
List any surgery the child has had: _____

Child's Medical History:

Birth: Full term? ○ Yes ○ No
Birth weight? _____
○ Vaginal birth OR ○ Cesarean Section
Was baby breech? ○ Yes ○ No
Problems after birth? _____

Has the **CHILD** had any of the following problems? Please check **YES** or **NO**:

		YES	NO
1.	Anemia (low blood count)	○	○
2.	Allergies or asthma	○	○
3.	Behavior problems	○	○
4.	Broken bones or joint problems	○	○
5.	Cancer	○	○
6.	Chagas Disease	○	○
7.	Chronic bronchitis, sinus or ear infections	○	○
8.	Chronic constipation	○	○
9.	Covid-19	○	○
10.	Dental problems	○	○
11.	Diabetes	○	○
12.	Drug or alcohol abuse	○	○
13.	Eating disorder	○	○
14.	Head injury or concussion	○	○
15.	Heart problems, high blood pressure	○	○
16.	High lead level	○	○
17.	Kidney problems or urine infections	○	○
18.	Learning problems	○	○
19.	Mental illness, depression or anxiety	○	○

-FORM CONTINUES ON THE OTHER SIDE-

20. Migraines or headaches ○ ○
21. Physical, emotional or sexual abuse ○ ○
22. Seizures ○ ○
23. Serious accident/ ER visit ○ ○
24. Physical, emotional or sexual abuse ○ ○
25. Tuberculosis (TB) ○ ○
26. Vision, hearing or speech problems ○ ○

Family's Medical History

Does a family member (mom, dad, sister, brother or grandparent) have any of the following problems? Please check **YES** or **NO**:

	YES	NO
1. Allergies or asthma	○	○
2. Birth Defect	○	○
3. Bleeding problems	○	○
4. Cancer	○	○
5. Chagas Disease	○	○
6. Diabetes	○	○
7. Drug or alcohol abuse	○	○
8. Heart problems	○	○
9. Hepatitis	○	○
10. High blood pressure	○	○
11. High cholesterol	○	○
12. Kidney disease	○	○
13. Learning problems	○	○
14. Lung disease	○	○
15. Mental illness, depression or anxiety	○	○
16. Migraines or headaches	○	○
17. Sickle Cell disease	○	○
18. Seizures	○	○
19. Stroke	○	○
20. Tuberculosis (TB)	○	○
21. Weight problems	○	○
22. A family member died suddenly before the age of 50	○	○

23. Other_____
_____

Use this space to explain any "YES" answers. Tell us who has the problem:

_____
_____
_____
_____
_____
_____