

**USD 248 Girard
Health Intake Information**

Today's Date: _____ Information obtained from: _____
Parent/Guardian

Child's Name: _____ DOB: _____ M ___ F ___
Last First MI

Physician: _____ Other specialist: _____

Areas of Concern or Current Diagnosis: _____

Birth and Infancy

Length of Pregnancy: _____ months Birth Weight ___lb ___oz

Vaginal delivery: ___ C-Section: ___ Planned: ___ Emergency: ___

Did mother have high blood pressure/toxemia, excessive vomiting, bleeding, infection or other complications during pregnancy, labor, or delivery? If so, Please specify:

Condition of child at birth: Normal ___, Complications? (breathing, heart, lungs, jaundice, etc.)

Problems during infancy (sucking, feeding, irritable, colic):

Growth History/Motor Skills

Did child do the following at expected age?

	Yes	No	Please describe any concerns:
Sat Alone	___	___	_____
Crawled	___	___	_____
Walked Alone	___	___	_____
First Words/Sentences	___	___	_____
Toilet Trained	___	___	_____

Any concerns now over muscle strength, coordination? Yes ___ No ___

Complete other side.....

MEDICAL HISTORY

Completely fill out chart checking yes or no, adding comments were applicable.

HISTORY	YES	NO	COMMENTS	MEDICATION
Vision Correction			Glasses/Contact Lenses	
Headaches				
Seizures			Date of Last Seizure	
Dizziness/Fainting/Holding Breath				
Ear Infections			Until what age: ___ Still having? Tubes?	
Hearing Loss			Child and/or family member	
Tonsillitis (frequent)				
Nosebleeds			How often?	
Dental Concerns				
Allergies			Food__ Seasonal__ Insect Stings__ Medication__ Reaction:	
Asthma			List triggers	
Sinus Infections				
Bronchitis/Pneumonia				
High Fever			Any seizure with high fever? Most recent fever related seizure: _____	
Bladder/Kidney Concern				
Urinary Tract Infections				
Stomachache/ Ulcers/ Irritable Bowel/ Soiling			Specify:	
Sleep Disturbances				
Hospitalizations-Surgeries Accidents			Specify:	
Childhood Illnesses			Chickenpox, Fifth disease, Roseola, etc.	
Discipline-Behavior Concern				
Other Concerns				

Is your child currently taking any medication or receiving a medical treatment other than what you have indicated above? If yes, please describe: