Wellness Center Health/Family History Questionnaire (To be completed by Parent/Guardian)

Date of child's last physical examination:_____/____/

Student Name:			Date of Birth:	Sex: (circle) Male Female Other			
Forms Competed by:			Relationship:	1		Today's Date:	
PREGNANCY AND BIRTH HISTORY				PSYCHOSOCIAL HISTORY			
Illnesses/medications during pregnancy? No Yes				Who lives in household? Mother Father			
Alcohol/Drug use? No 🗆 Yes 🗆				Siblings Grandparent/s Other children			
Problems at birth? No 🗆 Yes 🗆				Other Adults How many?			
Describe:				Rent? Own? Shelter?			
Did child stay in intensive care nursery after birth?				Who cares for child during the day?			
No 🗆 Yes 🗆				Are parents working? Mother No 🗆 Yes 🗆			
Why?				Father No 🗆 Yes 🗆			
Type of Delivery? Vaginal C-Section				Foster Care? Date:	5:		
If C-section, why				Other Languages?			
FAMILY HISTORY				YOUR CHILD'S MEDICAL HISTORY			
Has anyone in the family (parents, grandparents, aunts/uncles, sisters/brothers) had:				Has your child ever had:			
	Yes	No	Who?		Yes	No	Comments
Allergies(List)				Allergies (eg. Medications)			
				List			
Asthma				Asthma			
TB/Lung Disease				Chicken Pox (Month/Yr)			
HIV/AIDS				Frequent Ear Infections			
Suicide Attempts				Vision/Hearing Problems			
Heart Disease				Skin Problems/Eczema			
High Blood Pressure/Stroke				TB/Lung Disease			
High Cholesterol				Seizures/Epilepsy			
Blood Disorders/Sickle Cell				CP/Meningitis			
Diabetes				High Blood Pressure			
Seizures				Heart Defects/Disease			
Mental Illness/depression				Liver Disease/Hepatitis			
Cancer				Diabetes			
Birth Defects				Kidney Disease/Bladder			
	_	_		Infections	_	_	
Hearing Loss				Speech or Learning Disabilities			
Speech Problems				Physical Limitations			
Kidney Disease				Bleeding Disorders/Hemophilia			
Alcohol/Drug Abuse				Sexually Transmitted Infections			
Hepatitis/Liver Disease				Emotional or Behavioral Problems			
Thyroid Disease		-		Depression/Suicidal Thoughts			
Learning Problems/ Attention Deficit				Hospitalizations/Surgeries			
Disorder				Tospitalizations/surgenes			
Family Violence				Physical/Emotional/Sexual Abuse			
Any other family health history				Bone or Joint Injuries			
concerns:				Obesity/Eating Disorders			
				Other:			
				Current Medication(s): (List)			
Reviewed by:				Date of Review:			