

9. Has your child ever had any of the following medical problems?

Abnormal Bleeding	Yes	No	Heart Murmur	Yes	No
ADD/ ADHD	Yes	No	Hemophilia	Yes	No
Hepatitis	Yes	No	Asthma	Yes	No
HIV+/ AIDS	Yes	No	Cancer	Yes	No
Diabetes	Yes	No	Tuberculosis	Yes	No

Hearing Impairment	Yes	No
Congenital Heart Defect	Yes	No
Artificial Bones/Joints/Valves	Yes	No
Kidney/ Liver Problems	Yes	No
Rheumatic/Scarlet Fever	Yes	No
Seizures/ Epilepsy	Yes	No
Handicaps/ Disabilities	Yes	No
Sickle Cell Disease/Trait	Yes	No

10. Is there any thing else regarding your child's physical, mental, or emotional health that you feel should be brought to the doctor's attention?

To the best of my knowledge, all of the preceding answers are true and correct. I understand it is my responsibility to inform this office of any changes in my child's health or medications.

Parent/ Guardian

Signature_____Date_____

OFFICE USE ONLY

I verbally reviewed the information above with the parent/guardian of the patient named herein.

Doctor's Signature_____Date_____

Comments: