-96FB&C75?7?CG

Medical Information

How does this child's development compare to other children, such as brothers/sisters or playmates?
About the same _____ Delayed _____ Advanced _____

Health conditions: Please check any that your child has or had

Current	Past		Current	Past		Current	Past	
___	___	Allergies	___	___	Cancer	___	___	Hepatitis
___	___	Anaphylactic Reaction	___	___	Chickenpox	___	___	Juvenile Arthritis
___	___	Asthma or Wheezing	___	___	Cystic Fibrosis	___	___	Meningitis/Encephalitis
___	___	Attention Deficit	___	___	Diabetes	___	___	Seizures/Epilepsy
___	___	Behavior/Emotional Concerns	___	___	Ear Problems/Poor hearing	___	___	Sore throat (frequent)
___	___	Birth/Congenital Malformations	___	___	Eczema/skin Conditions	___	___	Speech Difficulties
___	___	Blood Problems	___	___	Eye Problems/Poor Vision	___	___	Toothaches/Dental Problems
___	___	Bone/Joint Problems	___	___	Headaches	___	___	Urinary Tract Infections
___	___	Bowel Problems	___	___	Heart Disease	___	___	Wetting during day/night

Current Health: Tell us any current health conditions or concerns.

Illness, injuries & hospitalizations (please explain):

Medical Home: Please provide us with your child's current health care provider's name and contact information.
Healthcare Provider/Physician Name _____ Phone: _____
Address _____