2016-2017 Health History – The Graham School

Student's Name:			Enrollment Date:_			
~ 1	Last		irst			TTT 4 1 .
Grade:	Female:_	_ Male: I	Oate of Birth:_	Height	t:	Weight:
n.e. 1	TT		Mo	onth/Day/Year		
	on History:					
Present m	edications give	en daily:				
Reason:						
Past medica	ations given reg	rularly:				
Additional	information					
raditionar						
Allergies:	: Please descri	be known a	allergies below	. Indicate severity	y: mild	l, moderate, or severe
Drugs	Food	Bee	s/Wasps	Animals	Pl	lants
Pollen	Dust	Smoke_	Latex_	Molds		
			_			
Treatmer	nt: Please desc	ribe allerg	y treatment th	is child currently	y rece	ives, or has
received in	n the past Antil	nistamines			Inhale	rs
Desensitizin	g shots		Epi	i-pen required		
Injuries.	Illnesses and	l Surgerie	s: Please list s	significant history	v helo	w·
		Surgerie				
	sses/Surgeries				_	<u>ization Date</u>
1						
2						
Ω						
Anemia _Arthritis _Asthma _Congenital _Cancer: Typ _Chickenpox _Chronic box	abnormalities :: Date problems			Multiple ear Mumps: Dat Near drownin Nervous tic: Physical han Poisoning: D	infectio Tubes?_ te ng or su Type dicap _ Oate	Date ns: Last episodeDate: ffocation: Date
Cystic Fibro						
Diabetes: T Depression	y pe					ate
Depression Dermatitis						rpe
Eczema				Sickle cell dis		r
Emotional l	Problems			Substance ab		
Encephaliti	s: Date			Tobac	cco	AlcoholDrugs
	cigarette smoke re	gularly			ture:	ScoliosisKyphosis
	espiratory infection	s		Suicide risk	_	
Hay fever	_			Urinary tract		ms
Headaches:	Type			Visual proble		
II . D.	Treatment			Wears glasse		
	ase: Type					ate:
	s:			Other		
	ls: Type & Date					
Hepatitis: Hypertension	* *			Conti	n110 02	back if necessary
iypertensi	J11			Contil	nue on	Dack II necessary
ompleted b						
elationship	p to child:			Date:		
-						