BASSETT HEALTHCARE NETWORK
SCHOOL-BASED HEALTH CENTER

* 3 4 9 7 *

INITIAL HEALTH HISTORY

#3497 12/02;3/04;3/06;4/08;10/08 (f:\forms\sbhc.doc)

Child's Name: _____

Child's Birthdate: _____

Are there any problems that concern you about your child? _____

_____

Does your child have any allergies (food, medication, environmental)? Allergy: Reaction:

_____

_____

_____

Current medications (include vitamins/fluoride/supplements):

1._____ Prescribed by:_____

2._____Prescribed by:_____

3._____Prescribed by:_____

Name/Address of primary care provider: _____

Date of last physical examination: _____ By whom: _____

Date of last dental examination: _____ By whom: _____

List hospitalizations, illnesses, accidents, broken bones, surgeries, etc.

Date Child's Age Please Explain

_____

_____

_____

Indicate which of the following conditions or problems your child has ever had or that concerns you:

		Date/Explain
☐	Skin trouble	_____
☐	Eye problems	_____
☐	Frequent ear infections	_____
☐	Difficulty hearing	_____
☐	Frequent nose bleeds	_____
☐	Frequent sore throats	_____
☐	Pneumonia	_____
☐	Other lung problems	_____
☐	Heart murmur	_____
☐	Jaundice	_____
☐	Frequent stomach aches	_____
☐	Frequent diarrhea	_____
☐	Speech problems	_____
☐	Constipation	_____
☐	Black stool	_____
☐	Kidney or bladder infection	_____
☐	Painful urination	_____
☐	Bedwetting	_____
☐	Painful periods	_____
☐	Anemia	_____

		Date/Explain
☐	Rheumatic fever	_____
☐	Chicken pox	_____
☐	Joint aches or pain	_____
☐	Loss of consciousness	_____

Please list any specialist your child sees (Physician Specialist, Counselor or Speech, Physical or Occupational Therapist)

_____

_____

_____

Please turn over and complete

HEALTH MAINTENANCE SBHC

Who else lives at your child's home?

	Name	Age	Healthy?
Mother			
Father			
Siblings			
Others			

Family History – Check any of the following diseases which relatives (including aunts, uncles, cousins, grandparents) have:

Condition	**Relationship**	**Condition**	**Relationship**
Eczema		Anemia or blood problems	
Seizure disorder		Alcoholism	
Tuberculosis		Kidney disease	
Hay fever		Cystic Fibrosis	
Asthma		Cancer	
High blood pressure		Mental retardation	
Heart attack, stroke (under 55 years of age)		Birth defects	
		Psychiatric problems	
Diabetes		Death before 50 years of age, other than accident	
Obesity		Other conditions not listed above	
High cholesterol or Triglycerides			

Social History: Do you have any concerns (behavioral, emotional, or otherwise) about this child? If yes please explain.

Where does your child go after school? _____

What does your child do in his/her spare time (hobbies/sports)? _____

How many hours a day does your child watch TV/computer? _____

Indicate any financial, interpersonal, or family problems you are worried about: _____

Any history of sexual/physical/emotional abuse? (Please explain) _____

How is he/she doing in school? _____

Does he/she have good friends? _____

SBHC Use Only

Reviewed by: _____ Date:_____

Reviewed by: _____ Date:_____