HOWARD COUNTY HEALTH DEPARTMENT SCHOOL-BASED WELLNESS CENTER PROGRAM Medical/Family History Ouestionnaire

Child's Name:					Date of Birth:	Gender: (o Male F	circle) 'emale		
Form Completed By: 7		Today	,'s	Relationship:	wiale F	emale			
			Date:	U.S.	s Keiauonsinp.				
PREGNANCY AND BIRTH HISTORY				FAMILY INFORMATION					
(Please circle your reply and provide				(Please circle your reply and provide					
information for "yes" answers)				information for "yes" answers)					
Illnesses/problems during pregnancy? No Yes Describe:				Who lives with the child? Mother Father Siblings					
INU TES DESCRIDE:				(#): Grandparent(s) Foster parent(s) Others					
				Total # of people living in home:					
Alcohol/Drug Use? No Yes Describe:				Do you: Rent Own Live in someone else's home					
				Live in a shelter?					
Problems at birth:				Who cares for the child when he or she is not in school?					
Type of delivery? Vaginal C-section				Languages spoken in the home:					
Birth weight?				Any information you would like to share to assist us in					
Was the baby in the intensive care nursery after				helping	your child or family	?			
birth? No Yes If yes, w	vny?:								
FAMILY HI	STORY	2		MEDICAL HISTORY					
Has anyone in the family (parents, sisters, brothers,									
grandparents, aunts or uncles					Has your cl	nild ever had:			
Allergies (List all):	No	Yes	Who?	Allergie	es (List all):		No	Yes	
<u> </u>							+		
Asthma TP/Lung Disease				Asthma TD/L			+		
TB/Lung Disease				TB/Lun HIV/AI	g Disease		+		
0							+		
HIV/AIDS					Donrossion or Otho	r Viontoi			
HIV/AIDS Autism, Depression or					Depression or Othe	r Mental			
HIV/AIDS Autism, Depression or Other Mental Illness				Illness	•	r Mental			
HIV/AIDS Autism, Depression or Other Mental Illness Learning Problem/ADHD				Illness Learnin	g Problem/ADHD				
HIV/AIDS Autism, Depression or Other Mental Illness				Illness Learnin Heart/B	•	ey/Bladder/			
HIV/AIDS Autism, Depression or Other Mental Illness Learning Problem/ADHD Heart Disease/High Blood				Illness Learnin Heart/B Liver/ S	g Problem/ADHD Blood Pressure/Kidne	ey/Bladder/			
HIV/AIDS Autism, Depression or Other Mental Illness Learning Problem/ADHD Heart Disease/High Blood Pressure or Stroke High Cholesterol				Illness Learnin Heart/B Liver/ S Please c High Cl	g Problem/ADHD Blood Pressure/Kidno tomach/Bone Proble lescribe: nolesterol	ey/Bladder/			
HIV/AIDS Autism, Depression or Other Mental Illness Learning Problem/ADHD Heart Disease/High Blood Pressure or Stroke High Cholesterol Blood Disorders/Sickle Cell				Illness Learnin Heart/B Liver/ S Please o High Cl Blood D	g Problem/ADHD Blood Pressure/Kidno tomach/Bone Proble lescribe: nolesterol visorders/Sickle Cell	ey/Bladder/			
HIV/AIDS Autism, Depression or Other Mental Illness Learning Problem/ADHD Heart Disease/High Blood Pressure or Stroke High Cholesterol Blood Disorders/Sickle Cell Diabetes				Illness Learnin Heart/E Liver/ S Please o High Cl Blood D Diabete	g Problem/ADHD Blood Pressure/Kidno tomach/Bone Proble lescribe: nolesterol visorders/Sickle Cell s	ey/Bladder/			
HIV/AIDS Autism, Depression or Other Mental Illness Learning Problem/ADHD Heart Disease/High Blood Pressure or Stroke High Cholesterol Blood Disorders/Sickle Cell Diabetes Seizures/Epilepsy				Illness Learnin Heart/B Liver/ S Please o High Cl Blood D Diabete Seizure	g Problem/ADHD Blood Pressure/Kidno tomach/Bone Proble lescribe: nolesterol visorders/Sickle Cell s s/Epilepsy	ey/Bladder/ ems:			
HIV/AIDS Autism, Depression or Other Mental Illness Learning Problem/ADHD Heart Disease/High Blood Pressure or Stroke High Cholesterol Blood Disorders/Sickle Cell Diabetes Seizures/Epilepsy Hearing/Speech Problems				Illness Learnin Heart/B Liver/S Please o High Cl Blood D Diabete Seizure Vision/I	g Problem/ADHD Blood Pressure/Kidno tomach/Bone Proble lescribe: nolesterol bisorders/Sickle Cell s s/Epilepsy Hearing/Speech Prol	ey/Bladder/ ems:			
HIV/AIDS Autism, Depression or Other Mental Illness Learning Problem/ADHD Heart Disease/High Blood Pressure or Stroke High Cholesterol Blood Disorders/Sickle Cell Diabetes Seizures/Epilepsy Hearing/Speech Problems Cancer				IllnessLearninHeart/ELiver/SPlease dHigh ClBlood DDiabeteSeizureVision/IFrequer	g Problem/ADHD Blood Pressure/Kidno tomach/Bone Proble lescribe: nolesterol bisorders/Sickle Cell s s/Epilepsy Hearing/Speech Prob nt Ear Infections	ey/Bladder/ ems:			
HIV/AIDS Autism, Depression or Other Mental Illness Learning Problem/ADHD Heart Disease/High Blood Pressure or Stroke High Cholesterol Blood Disorders/Sickle Cell Diabetes Seizures/Epilepsy Hearing/Speech Problems				IllnessLearninHeart/ELiver/SPlease dHigh CIBlood DDiabeteSeizuresVision/IFrequesHospita	g Problem/ADHD Blood Pressure/Kidno tomach/Bone Proble lescribe: nolesterol bisorders/Sickle Cell s s/Epilepsy Hearing/Speech Prol nt Ear Infections lizations/Surgeries	ey/Bladder/ ems:			
HIV/AIDS Autism, Depression or Other Mental Illness Learning Problem/ADHD Heart Disease/High Blood Pressure or Stroke High Cholesterol Blood Disorders/Sickle Cell Diabetes Seizures/Epilepsy Hearing/Speech Problems Cancer Kidney or Liver Problems				IllnessLearninHeart/BLiver/SPlease ofHigh ClBlood DDiabeteSeizureVision/IFrequenHospitaIf yes, w	g Problem/ADHD Blood Pressure/Kidno tomach/Bone Proble lescribe: nolesterol bisorders/Sickle Cell s s/Epilepsy Hearing/Speech Prol nt Ear Infections lizations/Surgeries hat for:	ey/Bladder/ ems:			
HIV/AIDS Autism, Depression or Other Mental Illness Learning Problem/ADHD Heart Disease/High Blood Pressure or Stroke High Cholesterol Blood Disorders/Sickle Cell Diabetes Seizures/Epilepsy Hearing/Speech Problems Cancer				IllnessLearninHeart/ELiver/SPlease dHigh CIBlood DDiabeteSeizuresVision/IFrequesHospita	g Problem/ADHD Blood Pressure/Kidno tomach/Bone Proble lescribe: nolesterol bisorders/Sickle Cell s s/Epilepsy Hearing/Speech Prol nt Ear Infections lizations/Surgeries hat for: s	ey/Bladder/ ems:			

PLEASE LIST ALL PRESCRIBED AND OVER THE COUNTER MEDICATIONS YOUR CHILD TAKES: