

Triway Local Schools Students Health History Report

Student's Name _____ Date of Birth _____ Age _____ M _____ F _____

Mother's Name _____ Telephone _____

Father's Name _____ Telephone _____

Child's Physician _____ Telephone _____

Child's Dentist _____ Telephone _____

Medications: Does your child take any medications on a regular basis? If so, please list and explain:

Does your child need to take medication at school? _____ if yes, form must be completed by a physician

Family Health History: tuberculosis, diabetes, asthma, seizures, heart disease...

Childhood History: Please check any medical conditions that your child has or has had in the past:	
Allergies:	
Asthma	
Autism	
Anemia	Hemophilia
Attention Deficit Disorder (ADD)	Hyperactive
Behavior problem	Juvenile Arthritis
Birth/congenital malformation	Kidney disease
Cancer- type:	Measles/Mumps
Chickenpox-when:	Meningitis
Chronic diarrhea or constipation	Near drowning/near suffocation
Chronic ear infections-what age?	Nervous twitches or tics
Cystic Fibrosis	Poisoning
Diabetes	Rheumatic Fever
Hearing problems	Speech difficulties
Eczema (chronic skin condition)	Stool soiling
Emotional difficulties	Dental Concerns
Eye Surgeries	Urinary Tract infections
Wears glasses	Scoliosis
Frequent headaches	Seizure disorder/Epilepsy please explain:
Heart disease-type:	
Other:	
Developmental Milestones:	
	Delayed Average Advanced
Crawling	
Walking	
Feeding self with spoon	
Saying words	
Saying sentences	
Please explain any health conditions or accidents that may have affected this child's development:	
Please explain any hospitalizations, surgeries or neurological evaluations this child may have undergone:	
Child's Social History:	
Please describe your child's interest. (e.g. books, friends, activities, pets, toys,)	
Your child is usually: active, normally active, rather inactive	
Your child's attention span is usually: short, adequate, long	
Does your child display any unusual behaviors such as tantrums, withdrawals please explain:	
How do you handle your child's behaviors:	
Signature of Parent/Guardian	Date