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**CHILD MEDICAL HISTORY FORM**

**Childhood Illness and Medical Problems**

PLEASE mark with and "X": any of the following illnesses and medical problems your child has had  
And indicate how old the child was when each started.

ILLNESS	"x"	AGE	ILLNESS	AGE
Measles			History of chronic ear infections	
Mumps			How many per year?	
Rubella			At what age did they start?	
Chicken Pox			List any surgeries child has had	
Roseola				
Other, specify:			List any broken bones child has had:	

**Drug Allergies and Present Medications**

<i>My child is allergic to the following medications:</i>	<i>My child is currently taking the following medications:</i>		
	Medication	Dosage	Frequency

**Social and Family Medical History**

Family	Age	Health	Allergies	<i>Please answer the following questions:</i>	
Father				Who does child live with?	
Mother				List any pets in the house:	
Sibling (M / F)				Is house in: (city / rural, etc)	
Sibling (M / F)				Age of house: (0 – 10 yrs)	
Sibling (M / F)				Any smokers in the house?	
Sibling (M / F)				Does child have a car seat?	

*Please indicate if any BLOOD relatives have had any of the following:*

ILLNESS	X	FAMILY MEMBER	ILLNESS	X	FAMILY MEMBER
Asthma			Downs Syndrome		
Cystic Fibrosis			Mental Retardation		
Muscular Dystrophy			Genetic Abnormality		
Phenylketonuria (PKU)			Sickle Cell Anemia		
Diabetes			Attention Deficit Disorder		
Thyroid Disease at early age			Alcoholism		
Cancer			Depression: Bipolar / Manic		
Leukemia			Any other issues		
Epilepsy					

**QUESTIONS**

YES	NO	Have you ever been told your child has Attention Deficit Disorder or any other learning disability by a teacher or other professional? If yes, please describe:
		Do you think your child has problems socializing with other children?
		Are there any current legal issues, directly or indirectly affecting/involving your child?
		Has your child been previously treated by a psychologist, psychiatrist or other mental health care provider?
		If yes, please explain the nature of the problem(s), which the child has seen and indicate when this occurred.

Please add any other comments not covered above:
