

**Health History Update Form**

Child's Name \_\_\_\_\_

Child's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Child's School \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Email \_\_\_\_\_

Phones \_\_\_\_\_

Home \_\_\_\_\_

Mom's Work \_\_\_\_\_

Mom's Cell \_\_\_\_\_

Dad's Work \_\_\_\_\_

Dad's Cell \_\_\_\_\_

Parent's Address *(if different from above address)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance \_\_\_\_\_

Phone \_\_\_\_\_

ID# \_\_\_\_\_ Group# \_\_\_\_\_

Employer \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Subscriber Birthdate \_\_\_\_\_

Subscriber SSN \_\_\_\_\_

**Has the child ever had any of the following conditions?**

- Y N Developmental Delays
- Y N Current w/ Immunizations?
- Y N Abnormal Bleeding
- Y N Tuberculosis
- Y N Handicaps/Disabilities
- Y N Asthma
- Y N Allergies to any Drugs
- Y N Hepatitis
- Y N Hearing Impairment
- Y N Cancer
- Y N Sight Impairment
- Y N HIV + / AIDS
- Y N Diabetes / Endocrine
- Y N Pregnancy
- Y N Heart Disease / Murmur
- Y N Abnormal Blood Pressure
- Y N Seizures/Fainting
- Y N Any Operations / Surgery
- Y N Hemophilia/Blood disorder
- Y N Congenital Birth Defects
- Y N Kidney/Liver Conditions
- Y N Convulsions/Epilepsy
- Y N Rheumatic/Scarlet Fever
- Y N Allergies to Latex Product
- Y N Sickle Cell Trait/Disease

Please list all drugs the child is currently taking \_\_\_\_\_

\_\_\_\_\_

Please list all drugs the child is allergic to \_\_\_\_\_

\_\_\_\_\_

I certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my child's health. It is also my responsibility to inform this office of any changes in my child's medical status.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_