

**Heartland Health Centers
School-Based Health History Form**

Patient's Name _____ Date of Birth ___ / ___ / _____

Country of Birth _____ Year child came to U.S.A (if applicable) _____

STUDENT'S MEDICAL HISTORY

Place an X next to any of the following health problems your child has:

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Other psychological disorder |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Past positive tuberculosis test |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Seizures/Epilepsy | |
| <input type="checkbox"/> Other (Please list): _____ | | |

Please list all major health events that your child has had. If none, check this box:

Surgery	Date	Major illness, injury, hospitalization, etc.	Date

Please list all medications your child takes (prescription and non-prescription). If none, check this box:

Medication	Dosage	How often is it taken

Please list all of your child's food, medication, or environmental allergies. If none, check this box:

Allergy	What kind of reaction occurs?

FAMILY MEDICAL HISTORY

Please describe any family health history.

	In good health	Unknown	Medical problems / Reason for death (if deceased)
Child's Mother	<input type="checkbox"/>	<input type="checkbox"/>	
Child's Father	<input type="checkbox"/>	<input type="checkbox"/>	
Child's Siblings	<input type="checkbox"/>	<input type="checkbox"/>	
Others	<input type="checkbox"/>	<input type="checkbox"/>	

Has your child ever had a heart infection, heart transplant, congenital heart disease, prosthetic cardiac valve? Yes No

List any concerns that you have about your child's physical or mental health that you would like us to investigate or treat at the school-based health center:

Parent/Guardian Name (print)

Date:

Parent/Guardian Signature

Date: