

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

Child's Name:			Date of Birth:	Gender: (circle) Male Female		
Form Completed By:		Today's Date:	Relationship:			
PREGNANCY AND BIRTH HISTORY (Please circle your reply and provide information for "yes" answers)			FAMILY INFORMATION (Please circle your reply and provide information for "yes" answers)			
Illnesses/problems during pregnancy? No Yes Describe:			Who lives with the child? Mother Father Siblings (#): ____ Grandparent(s) Foster parent(s) Others:			
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? _____ Was the baby in the intensive care nursery after birth? No Yes If yes, why?:			Any information you would like to share to assist us in helping your child or family?			
FAMILY HISTORY			MEDICAL HISTORY			
Has anyone in the family (parents, sisters, brothers, grandparents, aunts or uncles) had:			Has your child ever had:			
Allergies (List all):	No	Yes	Who?	Allergies (List all):	No	Yes
Asthma				Asthma		
TB/Lung Disease				TB/Lung Disease		
HIV/AIDS				HIV/AIDS		
Autism, Depression or Other Mental Illness				Autism, Depression or Other Mental Illness- <i>Please describe:</i>		
Learning Problem/ADHD				Learning Problem/ADHD		
Heart Disease/High Blood Pressure or Stroke				Heart/Blood Pressure/Kidney/Bladder/Liver/ Stomach/Bone Problems: <i>Please describe:</i>		
High Cholesterol				High Cholesterol		
Blood Disorders/Sickle Cell				Blood Disorders/Sickle Cell		
Diabetes				Diabetes		
Seizures/Epilepsy				Seizures/Epilepsy		
Hearing/Speech Problems				Vision/Hearing/Speech Problems		
Cancer				Frequent Ear Infections		
Kidney or Liver Problems				Hospitalizations/Surgeries <i>If yes, what for:</i>		
Birth Defects				Birth Defects		
Other:				Other:		

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