



HEALTH HISTORY
| DOB:

Summary

Table with 2 columns: Category (Medical Conditions, Allergies, Medications) and Value (none listed).

Healthcare Provider

Table with 2 columns: Field (Child's Physician/Pediatrician, Physician/Pediatrician phone number, Pediatrician's Address, Preferred Pharmacy, Date of last physical exam) and Value.

General Health Information

Table with 2 columns: Question (Does your child have any allergies?, Is your child currently taking any medications?, Has your child ever been hospitalized...) and Answer.

Medical Conditions

Table with 2 columns: Question (Is your child past due for any vaccinations?, Have you ever been told that your child needs to take antibiotics before dental treatment?, Were there any difficulties at birth?, Is your child currently being treated for...) and Answer.

Patient's signature:

Date:

Doctor's signature:

Date: