**Baltimore County Public Schools**
**Towson, Maryland**

**Baltimore County Department of Health**
**Baltimore, Maryland**

# New Student Health History

Last Name: _____ First Name: _____ Grade/Teacher: _____ Gender: ___

Last school your child attended? _____ DOB: _____

Where do you usually take your child for routine medical care?

Name: _____ Phone Number: _____

Does your child take any medication? □ Yes □ No If yes, list medications:

_____

Does your child require any special health treatments or procedures (e.g. tube feeding or catheterization)? □ Yes □ No

If yes, describe: _____

_____

Where do you usually take your child for routine dental care?

Name: _____ Phone Number: _____

To the best of your knowledge, has your child had any of the following?

| | Yes | No | If yes, describe: |
|---|---|---|---|
| Prematurity | | | |
| Birth defect | | | |
| Immunity problems | | | |
| Bleeding problems | | | |
| Lead poisoning | | | |
| Sickle Cell Disease | | | |
| Diabetes | | | |
| Anaphylaxis | | | |
| Seasonal allergies | | | |
| Food Allergies | | | |
| Behavior/emotional problems like ADHD, depression | | | |
| Concussion or traumatic brain injury | | | |
| Migraines | | | |
| Learning problems/disabilities | | | |
| Seizures | | | |
| Speech problems | | | |
| Ear or hearing problems | | | |
| Eye or vision problems | | | |
| Dental problems | | | |
| Asthma or breathing problems | | | |
| Heart problems | | | |
| Stomach problems | | | |
| Bowel problems | | | |
| Bladder problems | | | |
| Musculoskeletal problem (including cerebral palsy) | | | |
| Limited physical activity | | | |
| Other: | | | |
| | | | |

| Hospitalization: (please list all)<br>Date(s) | Reason(s) |
|---|---|
| | |
| | |
| | |
| Surgery: (please list all)<br>Dates(s) | Reason(s) |
| | |
| | |

Parent Signature: _____ Telephone: _____ Date: _____

Parent Address: _____