

Child's Preadmission Health History – Parent's Report

Child's Name _____ Birth Date _____ Sex _____

Parent/Guardians Name _____ Age _____

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Has the child been under regular supervision of a MD? _____

Date of last exam? _____

Past Illness: Please **circle** those illnesses that the child has had and add approximate **dates**:

_____ Chicken Pox _____ Hay Fever _____ Whooping Cough _____ Asthma
_____ Diabetes _____ Mumps _____ Rheumatic Fever _____ Epilepsy
_____ Poliomyelitis _____ Ten Day Measles

Other serious or severe illnesses / accidents? _____

Does the child have frequent colds? _____ How many in the last year? _____

Please list any allergies or food dislikes that the child may have: _____

Daily Routines:

What time does your child go to bed? _____ What time does your child get up? _____

Diet Pattern: Breakfast _____

Lunch _____

Dinner _____

Parent's evaluation of child's health and personality: _____

How does your child get along with siblings and or other children: _____

Does the child have any special needs or fears? _____

What is the plan for care when the child is ill? _____

Parent Signature: _____

Date: _____

