

PAST MEDICAL HISTORY

Problems of pregnancy or delivery (illness, medications, non-prescription drug use, alcohol)?

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Were there any apparent delays in your child's development?

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Any History of head injury, concussion or seizure?

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Any history of fainting or blackouts?

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Any history of heart disease?

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Any family history of sudden death due to cardiac arrest?

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Any history of psychiatric illness requiring counseling, hospitalization or chemical dependency for patient or family?

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Any history of abuse or neglect?

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Who lives in the home with the child?

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Parent's marital history – circle appropriate:

married      single parent      separated      divorced      widow(er)

Complete for each family member, parents and siblings –

<u>Name</u>	<u>Highest grade</u> <u>Completed</u>	<u>General School</u> <u>Performance</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____