

## Health History form for Billie's Busy Kids

Name: \_\_\_\_\_ Date child enrolled: \_\_\_\_\_

The name of who is completing this form: \_\_\_\_\_ Relationship: \_\_\_\_\_

The date of my child's last physical exam was on, or the date, or the last time my child was seen by his/her health care provider for reasons other than immunizations: \_\_\_\_\_

The date of my child's last dental visit: \_\_\_\_\_

my child does not have allergies  my child does have allergies

List what your child is allergic to followed by what symptoms, and method of treatment.

Allergic to	Symptoms	treatment

Does your child have any life threatening medical condition that requires an individual health plan?

Yes  no

If yes please explain if more space is needed please use the space on the back:

---



---



---

Does your child take any medications? Yes  no

If yes please provide all medications, dosage, and times of the days taken, how are they taken?

If more space is needed please use the back.

Name of medication	Dosage	Times given daily	How is medication taken

What is the name, address and phone number of your child's health care provider and dentist?

Health Care provider:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dentist:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone number: \_\_\_\_\_