

Sparta Township Schools

Health History

Name of child _____ School _____ Grade _____

Disease History: (include date if known)

| | | | | | |
|--------------------|--|--------------------|--|------------------|--|
| Allergies | | Diabetes | | Neuro. disease | |
| Anemia | | Drug sensitivities | | Pneumonia | |
| Asthma | | Ear problems | | Rheumatic fever | |
| Bedwetting | | Eye problems | | Skin problems | |
| Bowel problems | | Headaches | | Speech problems | |
| Chicken pox | | Heart disease | | Stomach problems | |
| Congenital defects | | Hepatitis | | Strep Infections | |
| Convulsive disease | | High fevers | | Unconsciousness | |
| Dental Problems | | Mononucleosis | | Urinary problems | |
| Other | | | | | |

Operations or injuries _____

Is your child currently taking any medication? _____

If yes, please describe _____

Responses to the following items are optional

Pregnancy and Birth

Was this pregnancy unusual in any way? _____

Were there any complications during the birth of this child? _____

Explain: _____

Early Childhood

Were there any problems with feeding or sleep problems? _____

Explain: _____

At what age did your child?

Sit _____ Stand _____ Walk _____

Speak words _____ Speak sentences _____

Toilet train _____ Feed self _____

Family Health History (Circle those that apply)

Has any relative had: **Allergies, Asthma, Drug or alcohol addiction, Rheumatic fever, Heart Disease, Diabetes, Tuberculosis, Convulsive disorder, Mental illness, Cancer?**