

HEALTH INFORMATION

(2 page supplement to state form LIC702 "Child's Preadmission Health History")

Full name of child: _____ Birthdate: _____

Names child goes by: _____ Gender: Girl Boy

HEALTH INFORMATION

Does child have any special needs? No Yes If yes, describe: _____

Does child have any current health problems? No Yes If yes, describe: _____

Will we need to administer any medicines for child? _____

(We can only administer if it's in original bottle and you give written authorization & instruction: ask us for special form.)

Is there any present or past history of : (if yes, note year and description. Use extra paper if needed)

Allergies (bee stings, peanuts, foods, other): _____

Have any allergies ever become serious? _____

Need for glasses _____

Deformity _____

Surgery _____

Problems with:

Nervous system (epilepsy, seizures, dizziness, fainting), back, limbs, joints, skin, glands, ears, eyes, nose, sinus, chest, lungs (inc. asthma), heart (murmur, rheumatic fever, other), stomach, bowels, appendix, hernia, kidneys, urine (including infection), psychological condition (anxiety, phobias, ADD, depression, etc.), etc.?

HABITS / PERSONAL INFO

Does child have any dietary or activity restrictions? No Yes If yes, describe: _____

Would you consider your child a picky eater? No Yes
Is there anything we should know about your child's eating habits? _____

Please tell us anything else you would like us to know about your child? (developmentally, physically, mentally, emotionally, special concerns, calming techniques, guidance techniques, anything):

HEALTH INSURANCE INFORMATION

Insurance Company _____ Phone number _____

Policy Number _____

Name of Insured _____ Date of Birth _____

Preferred Physician _____ Phone number _____

Address _____

Preferred Dentist: _____ Phone number _____

Address _____

SAFETY INFORMATION

Is there anyone specific whom may not have contact with child (possibly an ex-spouse, etc.)?

No _____ Yes _____

If yes, please state name of person & relationship to child:

Name _____ Relationship _____

Is there a document preventing contact (divorce decree, restraining order, etc.)?

No _____ Yes _____ If yes, state document type: _____