

MEDICAL INFORMATION FORM

FAMILY OF CHILD'S: MOTHER [] FATHER []

NAME: _____

ADDRESS: _____

BIRTHDATE: _____ RACE: _____

RELIGION: _____

MARITAL STATUS: (at birth of child)

[] Married [] Separated [] Divorced [] Widowed [] Single

FOR MOTHER OF CHILD, DESCRIBE VERIFICATIONS, INCLUDING DATES OF DIVORCES OR DEATHS: _____

	(CHILD'S) PARENT	(CHILD'S) GRAND- MOTHER	(CHILD'S) GRAND- FATHER	CHILD'S SIBLINGS OR (PARENT'S BROTHER/SISTERS) SPECIFY		
YEAR OF BIRTH						
HAIR COLOR						
EYE COLOR						
COMPLEXION						
WEIGHT						
HEIGHT						
EDUCATION						
EMPLOYMENT (including military service, if any)						
HOBBIES, INTERESTS AND TALENTS						

ADDITIONAL INFORMATION: (Include special characteristics of parent or of relatives, including evaluation of social functioning and general intelligence) _____

MEDICAL CONDITION	YES Self	YES - RELATIVE (Specify)	COMMENTS
A. CONGENITAL IMPAIRMENTS			
1. Club foot or any orthopedic problem			
2. Harelip (cleft lip) or cleft palate			
3. Chromosome abnormality			
4. Downs syndrome			
5. Hydrocephalus			
6. Muscular dystrophy			Parts of body involved? Age at onset?
7. Spina Bifida			
8. Congenital heart defect			
9. Tay-Sachs disease			
B. ALLERGIES			Any cause known? What treatment? What medication?
1. Eczema or other skin condition			
2. Hay fever or other allergy			To what drugs?
3. Drug Allergy			

MEDICAL CONDITION	YES Self	YES – RELATIVE (Specify)	COMMENTS
4. Deafness or other ear problems			Special education? If "yes", indicate age at onset
5. Speech problems			
6. Learning disability			Any diagnosis? Hospitalization?
7. Retardation: mental or physical			
C. GENERAL DISORDERS			
1. Hemophilia			
2. Sickle cell anemia or trait			
3. Hypertension (high blood pressure)			Age at onset? What treatment? Hospitalization?
4. Stroke			
5. Heart attack (coronary)			
6. Arthritis			What kind? Age at onset? What part of body?
7. Kidney disease			Age at onset? What treatment?
D. HORMONAL DISORDERS			Age at onset? What treatment?
1. Diabetes			
2. Thyroid disorder			
E. RESPIRATORY DISORDERS			Any cause known? What treatment?
1. Asthma			
2. Tuberculosis			What kind? Age at onset? What part of body?
F. MENTAL AND BEHAVIORAL DISORDERS			Age at onset? What treatment? Hospitalization?
1. Schizophrenia			
2. Manic depressive			
3. Alcoholism or heavy drinking			
4. Drug usage			Kind, amount, and when taken?

MEDICAL CONDITION	YES SELF	YES – RELATIVE (Specify)	COMMENTS
G. LYMPHATIC DISORDERS			What kind? Age at onset? What part of body?
1. Cancer			
2. Other tumors			
3. Cystic fibrosis			
4. Hodgkin disease			
H. NERVOUS SYSTEM DISORDERS			Parts of body involved? Age at onset?
1. Multiple sclerosis			
2. Huntington's disease			
3. Cerebral palsy			
4. Seizures or Convulsions			Age at onset? What treatment? Frequency?
5. Epilepsy			
I. INFECTION, HOSPITALIZATION			Diagnosis?
1. Repeated attacks of fever with known infection			
2. Repeated severe infection necessitating hospitalization			
3. Hospitalization, operation, or injury			
J. OTHER IMPAIRMENT, ALLERGY DISORDER OR DISEASE			