MEDICAL INFORMATION

Child's Name____Birthdate__________________________

Parent's Name____

Address____

MEDICAL HISTORY

Is Child Allergic to anything? No_______ Yes______ If yes, List_______________________________________

Is child currently under a doctor's care? No______ Yes _______ If yes, for what reason? ________________________

____

Is child on any continuous medications? No_____ Yes______ If yes, what? _______________________________

Any previous hospitalizations or operations? No _____ Yes ______ If yes, when and for what? __________________

____

Any history of significant previous diseases or recurrent illness? No _____ Yes _____ Diabetes? _________________
Convulsions? No _____ Yes_____ Heart Trouble? No_____ Yes _____ Asthma? No ___________ Yes ______________
If others, what/when? ____

Does the child have any physical disabilities? No _____ Yes _____ If yes, please describe: _______________________

____

Any mental disabilities? No _____ Yes _____ If yes, please describe____

____

Signature of Parent ____

Physical Examination: *This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.*

PLEASE ATTACH IMMUNIZATION RECORD Height _____________________% Weight _____________________%
Head ________________ Eyes _______________ Ears ______________ Nose ____________ Teeth _______________
Throat ______________ Neck ______________ Heart _____________ Chest ____________ Abd/GU ______________
Ext ___________ Neurological System ____________ Skin ___________ Vision ___________ Hearing _____________
Results of Tuberculin Test, if given: Type __________ Date ___________ Normal __________ Abnormal __________
Developmental Evaluation: Delayed ________ Age Appropriate _______If delayed, note significance and special care needed: ____

Should activities be limited? No _______ Yes _______ If yes, explain ____
Date of Examination ___________________________

____

Signature of Examiner/Title