



Past Medical History - 6 to 18 Years of Age

Patient Name: _____ **DOB:** _____

School Attended: _____ Grade: _____

Level (*circle one*): A's B's C's D's Failing Advanced Special Education

Is patient involved in sports? If so, please list: _____

Activity Level (*circle one*): Very Active Active Sedentary Inactive

Nutrition (*circle one*): Good Poor

Tobacco Use: YES NO If yes, what type: _____

Alcohol Use: YES NO

Drug Use: YES NO If yes, what kind: _____

Emotional Issues: YES NO Describe: _____

Sexually Active: YES NO

Reactions to Medications: YES NO Medication: _____

Reactions to Immunizations: YES NO Immunization: _____

Birth Complications: YES NO Describe: _____

Developmental Problems: YES NO Describe: _____

Chronic Illness: YES NO Describe: _____

Chronic Medications YES NO Medication: _____

Hospitalization (other than normal birth): YES NO Describe: _____

Surgeries: YES NO Describe: _____

Injuries: YES NO Describe: _____