

Health History for Children

Today's Date: _____

Name: _____

DOB: _____ Age: _____

Health History for Children

1. Where does this child get health care? _____

2. How long has it been since this child's last health-care visit? _____

3. Was this child born early (37 weeks or less)?

Yes No

4. Has this child ever had any health problems, surgery, or serious injury?

Yes No

If yes, please list problems. _____

5. Has this child been in the hospital in the last 12 months?

Yes No

6. Is this child taking any medications?

Yes No

If yes, please list them. _____

7. How long has it been since this child's last dental visit? _____

8. Does this child have dental problems, including pain or white spots on the teeth?

Yes No

If yes, please list the problems. _____

9. Is this child on a special diet?

Yes No

If yes, please describe the diet. _____

10. Are there any foods that you limit or do not give this child?

Yes No

If yes, please list. _____

11. Does this child have difficulty chewing or swallowing?

Yes No

If yes, please list the problems. _____

12. Do you have any of these?

a. a working stove Yes No

b. a working refrigerator Yes No

c. running water Yes No

13. Is this child *currently* breastfed?

Yes No

14. Is there anyone living in this household who currently smokes inside the home?

Yes No

15. About how many hours did this child sit and watch television, videos, or DVDs yesterday?

2 hours or less More than 2 hours None Unknown

16. Are you afraid someone you know may injure or harm this child?

Yes No

National Domestic Violence Hotline 1-800-799-7233

17. Are you ever concerned you won't be able to buy enough food to feed your family?

Yes No

The Texas Information and Referral network can be reached by dialing 211 or online <http://www.211Texas.org>.



Staff Comments



Health History Updates for Children

Name: _____

DOB: _____

Staff Instructions

For continuity of care, review all previous health history documentation before asking these update questions. Complete new health history when both updates have been filled.

Follow-Up #1

Today's Date _____

- Has this child been seen by a doctor or other health-care professional in the last six months?
 Yes No
- Does this child have any new or ongoing health problems or concerns?
 Yes No
- Is there anyone living in this household who currently smokes inside the home?
 Yes No
- About how many hours did this child sit and watch television yesterday?
 2 hours or less More than 2 hours None Unknown
- Are you afraid someone you know may injure or harm this child?
 Yes No

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Staff Comments

Follow-Up #2

Today's Date _____

- Has this child been seen by a doctor or other health-care professional in the last six months?
 Yes No
- Does this child have any new or ongoing health problems or concerns?
 Yes No
- Is there anyone living in this household who currently smokes inside the home?
 Yes No
- About how many hours did this child sit and watch television yesterday?
 2 hours or less More than 2 hours None Unknown
- Are you afraid someone you know may injure or harm this child?
 Yes No

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Staff Comments