HEALTH ASSESSMENT FOR CHILDREN AND YOUTH MUST BE TAKEN TO A PHYSICIAN

Physical exam are required for all new students to Kansas schools, and students entering the 6th and 9th grades. Birth date:___ ___ Male/Female:___ City:_____Zip:___ Address:__ Parent/Guardian:__ Work Phone:____ ____ Home Phone: ___ ____ Home Phone:___ Child Lives with:_ Work Phone:___ Number in Household:____ Type of Family Housing:___ Physician:_ Date of Last Examination:__ Dentist:_ Date of Last Examination:_ Eye Doctor:_ Date of Last Examination:__ School:___ Community Services:___ FAMILY HEALTH HISTORY Response Codes: M=Maternal P=Paternal S=Sibling NA=Not applicable Code Comment Are there any chronic illness problems in your family such as heart disease, diabetes, cancer, Convulsions, mental illness, substance abuse, or others? 2. Does any family member have a vision defect, hearing loss or spinal deformity? Comment? CHILD/ADOLESCENT HISTORY Response Codes: Y=Yes N=No NA=Not applicable 1. Birth Weight_ _____, Were there any prenatal or delivery problems with this child? Did this child walk, talk, and develop at the usual time? Does this child/adolescent: A. See a health care provider regularly? B. Use any medication, drugs, or alcohol? C. Have a history of any hospitalizations, surgeries, or emergency room visits? D. Have a history of any childhood diseases/illnesses? E. Have a history of other communicable diseases? F. Age of Menarche_ ___Have a history of menstrual problems? G. Have a history of vision, speech, hearing, or communication problems? H. Have a problem with being tired or overactive? I. Have any emotional or behavioral problems? J. Need any special help in school or day care? K. Have sexuality concerns? L. Have any chronic illness or disabling problems with: Headache_ Convulsions_ Diabetes Earaches_ Back/Spine_ Colds/Sore Throat Oral/Dental Extremity Problems_ Rheumatic Fever Genitalia Allergies/Asthma_ Heart/Lung disease_ Digestive_ Urinary/Bowel Other List any present concerns of child/parent/guardian:

New 2012-2013 N-81

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