

DOES MINOR HAVE INSURANCE OR MO-HEALTHNET (MISSOURI MEDICAID)? Yes No

MINOR HISTORY FORM Sex: M or F Referred By: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ SS#: _____

Parent's/Guardian's Name(s): _____

Mailing Address: _____ County: _____

City, State, Zip: _____

Home Phone: _____ Guardian's Work or Cell Phone: _____

Does child attend...DAYCARE PRESCHOOL PUBLIC SCHOOL (If yes, what grade? ____)

CURRENT MEDICATIONS

DRUG ALLERGIES

Are immunizations up-to-date? _____ If not, please explain. _____

Problems during newborn, infancy or childhood? _____

MEDICAL/FAMILY HISTORY

	FAMILY HISTORY		FAMILY HISTORY		FAMILY HISTORY
Allergies/Hay Fever	Y/N <input type="checkbox"/>	Epilepsy	Y/N <input type="checkbox"/>	Mental Illness	Y/N <input type="checkbox"/>
Anemia	Y/N <input type="checkbox"/>	Gallbladder Disease	Y/N <input type="checkbox"/>	Mumps	Y/N <input type="checkbox"/>
Anxiety	Y/N <input type="checkbox"/>	GI Disorder	Y/N <input type="checkbox"/>	Pneumonia	Y/N <input type="checkbox"/>
Arthritis	Y/N <input type="checkbox"/>	Glaucoma	Y/N <input type="checkbox"/>	Mumps	Y/N <input type="checkbox"/>
Asthma	Y/N <input type="checkbox"/>	Gout	Y/N <input type="checkbox"/>	Rheumatic Fever	Y/N <input type="checkbox"/>
Bronchitis	Y/N <input type="checkbox"/>	Heart Disease	Y/N <input type="checkbox"/>	Scarlet Fever	Y/N <input type="checkbox"/>
Cancer	Y/N <input type="checkbox"/>	Heart Murmur	Y/N <input type="checkbox"/>	Seizures	Y/N <input type="checkbox"/>
Chest Pain	Y/N <input type="checkbox"/>	Hepatitis	Y/N <input type="checkbox"/>	STD's / HIV	Y/N <input type="checkbox"/>
Depression	Y/N <input type="checkbox"/>	High Blood Pressure	Y/N <input type="checkbox"/>	Stroke	Y/N <input type="checkbox"/>
Diabetes	Y/N <input type="checkbox"/>	Kidney Disease	Y/N <input type="checkbox"/>	Thyroid Disease	Y/N <input type="checkbox"/>
Dizziness/Fainting	Y/N <input type="checkbox"/>	Measles/Rubella	Y/N <input type="checkbox"/>	Vascular Disease	Y/N <input type="checkbox"/>

HOSPITALIZATIONS / SURGERIES / CHILDHOOD DISEASES

INCLUDE DATES _____

