The Children's and Family Health Center
95 Scovill Street, Croft Commons, Pavilion B
Waterbury, CT 06706
Tel: 203-709-3800 Fax: 203-709-3875

Child's Name: _____ DOB: _____/_____/_____
Does your child have any allergies? Yes / No If yes, to what_____
Does your child currently take any regular daily medications? Yes / No If yes, what medications
_____

Does your child or anyone in your family (parents, grandparents, etc) have any of the following:
Please list who in your family has any of these issues

			Relationship
Yes	No	High cholesterol	
Yes	No	High Blood Pressure	
Yes	No	Heart Disease (heart attack, surgery, etc.)	
Yes	No	Born with any heart problems	
Yes	No	Sudden infant death	
Yes	No	Sudden unexpected death	
Yes	No	Asthma	
Yes	No	Obesity/Overweight	
Yes	No	Diabetes (Insulin dependent or not)	
Yes	No	Thyroid (high or Low)	
Yes	No	Cancer What type	
Yes	No	Kidney problems	
Yes	No	Liver problems	
Yes	No	Alcohol/Drug issues	
Yes	No	Depression	
Yes	No	ADHD	
Yes	No	Abuse and or neglect	
Yes	No	Allergies (Seasonal, Food, Medicine)	
Yes	No	Birth defects	
Yes	No	Genetic diseases	
Yes	No	Tuberculosis	
Yes	No	Eye Problems	

(Please turn over)

Family History

Who lives in your home?

Father: Age: _____Health Status:_____
Mother: Age: _____Health Status:_____
Brother/Sister:
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Yes No Pets

Yes No Does the water in your home contain Fluoride

What grade is your child in _____How does he/she do in school _____
_____

Daycare_____ Homecare_____

Yes No Does anyone in your Household smoke
Yes No Are there any guns in your home
Yes No Do you have a fenced in pool
Yes No Working smoke and/or carbon monoxide detectors

Birth History

Yes No Was your pregnancy full term (9 months)
Yes No Were there any complications to your pregnancy? If yes, explain _____
_____
Yes No Did the child have any trouble during the first week of life? If yes, explain _____
_____
Birth Weight _____

Child's History

Yes No Any hospitalizations
Yes No Surgeries? If yes, explain _____
Yes No Broken bones? If yes, explain _____