

Health Assessment and Medical Review

Case Study Re-evaluation

Student's Name: _____ Birth Date: _____

Parent/Guardian: _____ Phone: _____

Address: _____ School/Grade: _____

Completed by: _____ Relation to Student: _____

Recent Health History

Has your child had any serious illnesses in the last three years? If yes, please describe below:

Has your child had any serious injuries in the last three years? If yes, please describe below:

Has your child had any hospitalizations in the last three years? If yes, please describe below:

Medical History

Date of last physical exam: _____

Date of last Eye exam: _____

Does your child wear glasses? _____ If yes, when were they prescribed? _____

Are your child's immunizations up-to-date? Yes No

Child's Height _____ Weight _____

Child's overall physical condition: Excellent _____ Good _____ Fair _____

Does your child take any medications? If yes, please list below: Name of the medication, dose, time taken and length of treatment and please include any over the counter medications.

Does your child have a diagnosed health/emotional condition? ie., asthma, ADHD, diabetes, etc. If yes, please list chronic condition and date diagnosed below:

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Does your child have any known allergies to any food or medication? If yes, is this provided from the physician? Please list all allergies below:

Does your child have any current Health related complaints? If yes, please describe below:

Other Health concerns or parent concerns regarding your child:

Has there been any serious illness, death divorce or other traumatic experience which you feel has had an effect on your child? If yes, please describe below:

General Information

What is the main language spoken at home? _____

How many hours of sleep does your child get each night? _____

Is your child a restless sleeper? _____

Does your child have a good appetite? _____

Does your child eat from all of the food groups? If No, please indicate: _____

Thank you for taking the time to complete this medical review re-evaluation sheet. Please return it to your child's school health office.

Parent signature: _____ Date completed: _____