PARENTS COMPLETE THIS PAGE

Parents: Tell us about your child's health. Place an **X** in the box ☒ if the sentence applies to your child. Check *all* that apply to your child. This will help your doctor plan your child's physical exam.

Growth

☐ I am concerned about my child's growth.

Appetite

☐ I am concerned about my child's eating / feeding habits or appetite.

Rest -

☐ I am concerned about the amount of sleep my child needs.

Illness/Surgery/Injury - My child

☐ had a serious illness, injury, or surgery.

Please describe.

Physical Activity - My child

☐ must restrict physical activity.

Please describe.

Development and Learning

☐ I am concerned about my child's behavior, development, or learning.

Please describe:

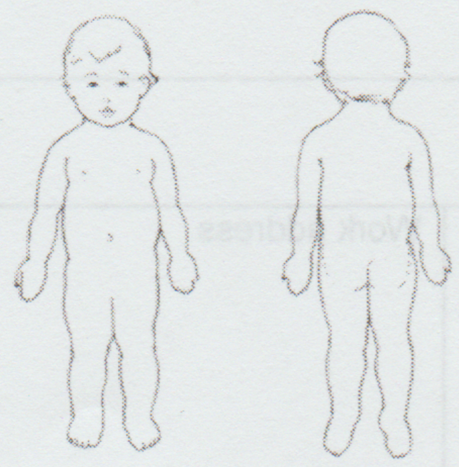
☐ **Medication** - My child takes medication. List the name, time medication taken, and the reason medication prescribed.

Child's Name: _____

Body Health - My child has problems with

☐ Skin, birthmarks, Mongolian spots, hair, fingernails or toenails.

Map and describe color/shape of skin markings birthmarks, scars, moles



☐ Eyes \ vision, glasses

☐ Ears \ hearing, hearing aides or device, earaches, tubes in ears

☐ Nose problems, nosebleeds, runny nose

☐ Mouth, teething, gums, tongue, sores in mouth or on lips, mouth-breathing, snoring

☐ Frequent sore throats or tonsillitis

☐ Breathing problems, asthma, cough, croup

☐ Heart, heart murmur

☐ Stomach aches, upset stomach, colic, spitting up

☐ Using toilet, toilet training, urinating

☐ Bones, muscles, movement, pain with moving

☐ Mobility, uses assistive equipment

☐ Nervous system, headaches, seizures, or nervous habits (like twitches)

☐ Needs special equipment. *Please describe*:

☐ **Allergies**-My child has allergies (medicine, food, dust, mold, pollen, insects, animals, etc.).

Please describe:

Parent questions or comments for the health care provider: