

# Bethany Public School District

## Student Registration - Health History Form

This form is not required to be completed. If you choose to complete this form, all information will remain confidential, it will be stored in the District medical professional's office and shared only with school officials who have a legitimate educational interest in the information. This document is intended to give the district's medical professional a better understanding of the student's health history so that the District can provide quality medical services when necessary. If you have any questions please contact the BCS Nurse, Betsy Quitko at (203) 393-3350.

**1) Family Data**

**Date:** \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Physician name/phone number \_\_\_\_\_

Dentist name/phone number \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Mother's name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Home address \_\_\_\_\_

Marital status: Single \_\_\_\_\_ Married/Civil Union \_\_\_\_\_ Domestic Partner \_\_\_\_\_ Legally Separated \_\_\_\_\_  
 Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Home address \_\_\_\_\_

Marital status: Single \_\_\_\_\_ Married/Civil Union \_\_\_\_\_ Domestic Partner \_\_\_\_\_ Legally Separated \_\_\_\_\_  
 Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Please list all immediate family members living in your home. Also, list any other persons living in the home.

Name	Address	Cell Number	Relationship

**2) Birth History**

	No	Yes
Were there any problems with your pregnancy? If yes, please describe:		
Type of Birth: Vaginal_____ Cesarean_____		
Birth weight_____ Was this child premature?		

**3) Past Medical History**

	No	Yes
Has your child ever been a patient in the hospital? If yes, list dates, hospital and reason.		
Has your child ever been to the Emergency Room? If yes, please explain?		
Has your child even been poisoned? If yes, please explain?		
Has your child ever had a fever of 104F? If yes, please explain?		

**Childhood Illnesses**

<b>Has your child had any of the following?</b>	No	Yes
Meningitis		
Encephalitis		
Chicken Pox		
Scarlet Fever		
Rheumatic Fever		
Pneumonia		

**Allergies**

<b>Has your child ever had problems with any of the following?</b>	No	Yes
Is your child allergic to anything? If yes, please explain?		
Eczema		
Drugs or medication? If yes, please explain?		
Severe reaction to insect stings? If yes, explain reaction.		
When was your child last stung?		

## Special Health

	No	Yes
Has your child even undergone any special tests for health problems?		
Has your child ever been seen by a specialist? If yes, please explain?		
Is your child under the care of a specialist now?		

## Growth and Development

At what age did your child do the following?	Age
Sit alone	
Walk alone	
Say single word	
Use two-word sentences	
Become toilet trained	

## 4) Present Medical History

### General

	No	Yes
Does your child have a good appetite?		
Does your child have excessive thirst?		
Does your child have sleep problems?		
Does your child have too much energy?		
Does your child have physical restrictions?		
Does your child take any medications regularly? If yes, please list.		
Does your child have trouble staying on task?		

### Skin

	No	Yes
Does your child have any problems with rashes?		
Does your child bruise easily?		
Does your child get hives?		

**Eyes**

	No	Yes
Does your child have any problems with his/her eyes?		
Does your child's eyes turn in or out when tired?		
Does your child wear glasses/contacts?		

**Ear, Nose and Throat**

	No	Yes
Has your child had any ear infections or fluid in the ears? If yes, how many times?		
Does your child have trouble hearing?		
Does your child have frequent nosebleeds?		
Does your child have frequent sore throats?		
Does your child have frequent colds?		
Does your child have asthma or wheezing?		

**Gastrointestinal**

	No	Yes
Does your child have stomach aches?		
Does your child have frequent diarrhea?		
Does your child have trouble with constipation?		
Does your child vomit frequently?		

**Cardiovascular**

	No	Yes
Have you ever been told your child has a heart murmur?		

**Urinary**

	No	Yes
Does your child have urinary problems?		

**Skeletal**

	No	Yes
Does your child complain of pains in his/her legs, arms, back or joints?		
Does your child have an unusual walk?		

**Neuromuscular**

	No	Yes
Does your child lose his/her balance?		
Does your child have any unexplained movements or jerks?		
Has your child ever had convulsions or seizures?		
Does your child have any weakness in his/her body?		
Does your child have unusual staring spells?		
Does your child fall down more than most children?		

**Lead**

	No	Yes
Does your child chew any unusual things such as woodwork, pencils, crib, paint chips or plaster?		
Do you live in a house built before 1950 that has peeling paint on the walls, woodwork, ceiling, doors or outside of the house?		
Does your child seem tired, fussy, or cranky for more than 4 to 6 hours every day?		

**5) Previous Educational Experience**

	No	Yes
Has your child received day care or attended nursery school? If yes, please list where, days attended per week and years attended.		

**6) Psychosocial History**

<b>Are you concerned about your child in any of the following areas? Please explain all yes answers below.</b>	No	Yes
Bedwetting		
Wetting during the day		
Bowels		
Bad dreams		
Biting nails		
Thumb sucking		
Stammering or stuttering		
Nervous habits of any kind		
Irritability, easily upset		
Restlessness		
Daydreaming, preoccupied		
Glum, sulky, moody		
Wanting too much attention, comfort or support		
Feelings hurt easily		
Breath holding		
Contrary, stubborn, uncooperative		
Selfishness, inability to share		
Jealousy		
Bad temper		
Anger		
Destroying things on purpose		
Lying		
Disobedience		
Clumsiness, awkwardness		
Speech		

Other parent concerns

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Medication Policy Review

The Medication Policy has been reviewed with me and I understand it.

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_