



## Periodic Health History Update

Today's Date: \_\_\_\_\_

Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has your child been hospitalized or been seen by a physician in the last 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," please explain: \_\_\_\_\_

Please list all medications your child is taking at this time: \_\_\_\_\_

Is the patient pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what is the due date? \_\_\_\_\_

Who is your child's doctor? \_\_\_\_\_ Does your child see a specialist? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_