



St. Patrick of Heatherdowns
4201 Heatherdowns Blvd.
Toledo, Ohio 43614
(419) 381-1775

Health History

Child's name _____ Birth date _____ Male ___ Female ___

Mother's name _____ Phone# _____ Father's name _____ Phone# _____

With whom does the child live? _____ Legal Guardian(s)? Yes / No

Perinatal / Developmental History

Birth weight _____ Full term _____ Premature _____ Illness/problems in the nursery _____

Please give the approximate age your child:

Walked alone _____ Toilet trained _____ Dressed self _____ Spoke in sentences _____

How does development compare to siblings or playmates? Same _____ Slower _____ Faster _____

Medical History

1. Health Conditions: (i.e. asthma) _____
2. History of Hospitalization: _____
3. Allergies: (food/plant/animal/drug) _____
4. Childhood Diseases: (i.e. chicken pox) _____
5. Medication: (taken on a regular basis) _____

Do you have other comments about this child's health, development, behavior, family or home life that you feel the school should be aware of? If so, please explain briefly: _____

Completed by _____ (relationship) _____ Date _____

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Dentist Information

Dentist _____

Address _____

Phone _____