Health Information Form *for Children*

American Health Information Management Association®

A. IDENTIFICATION

Name

Date of Birth | Sex: ○ Male ○ Female

Height | Weight | Eye Color | Blood/RH Type

Mother's Name

Address

City | State | Zip

Home Phone | Work Phone

Father's Name

Address

City | State | Zip

Home Phone | Work Phone

Languages Spoken

In Case of Emergency Notify:

Name

Relationship | Phone

Obstetrician | Phone

Pediatrician | Phone

Other Physician *(Indicate Specialty)* | Phone

Pharmacy | Phone

Other | Phone

Other | Phone

Other | Phone

Other | Phone

Other | Phone

B. BIRTH DATA

Hospital

Weight

Length

Physician

Perinatal Problems

Apgar Score

C. HEALTH LOG

Chronological account of chronic, recurrent, or significant acute illness or injury, including birth defects, surgical procedures, ear infections, and the like.

Date	Nature of Health Problem	Remarks (Examples: medications, special tests, x-rays, length of hospital stay, surgery, etc.)

D. ALLERGIES/DRUG SENSITIVITIES

Allergy/Sensitivity Type (include medications, foods, environmental, or other)	Reaction	Date Last Occurred	Treatment

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E. MEDICATIONS (Prescription/Nonprescription) Update Regularly

Note: Include all prescription medications, over-the-counter medications (taken on a regular basis), vitamin supplements, and herbal remedies.

Current Prescriptions: Name/Dose/Frequency	Date Started	Quantity Number	Stop Date	Prescribed By	Prescription Date	Prescription Number	Allergic Reaction	Comments

F. INFECTIOUS DISEASES

Disease	Age	Date	Remarks
Chicken Pox			
Hepatitis			
Measles			
Mumps			
Pertussis / Whooping Cough			
Pneumonia			
Polio			
Rubella			
Scarlet Fever			
Other			

G. IMMUNIZATIONS

			BOOSTER 1		BOOSTER 2		BOOSTER 3	
Immunization for	**Age**	**Date**	**Age**	**Date**	**Age**	**Date**	**Age**	**Date**
Diphtheria								
Hepatitis B								
Measles								
Mumps								
Pertussis / Whooping Cough								
Polio								
Rubella								
Smallpox								
Tetanus								
Tuberculosis								
Typhoid								
Other								

H. GROWTH AND DEVELOPMENT INFORMATION

Date	Age	Weight	Height	**Functional Status** (Examples: walking, talking, socialization)