



Pueblo
Community
Health Center

SCHOOL-BASED WELLNESS CENTERS

Health History and Preventative Services Form

Student Name: _____ Date of Birth: _____ Chart: _____

Confidential:

Please complete the following so that we may update our records. Please complete the following medical history information to the best of your ability. If you have had any of the following illnesses or problems, please write down the age when the illness or problem started.

Allergies	Y__N__	Pneumonia.....	Y__N__
Anemia or blood disorders	Y__N__	Rheumatic Fever or heart disease.....	Y__N__
Asthma	Y__N__	Scoliosis	Y__N__
Bladder or kidney infections.....	Y__N__	Seizures	Y__N__
Cancer.....	Y__N__	Severe Acne	Y__N__
Chicken pox.....	Y__N__	Sports Injury or fractures.....	Y__N__
Diabetes	Y__N__	Thyroid disease	Y__N__
Endocrine/gland disease	Y__N__	Tuberculosis	Y__N__
Hepatitis	Y__N__	Ulcer or Stomach problems.....	Y__N__
Headaches/Migraines	Y__N__	Changes in your bowel/bladder.....	Y__N__
Menstrual cramps frequent and/or painful	Y__N__	Do you take prescription medications	Y__N__
Do you smoke.....	Y__N__	If yes what _____	
If yes how many per day _____		Do you take non-prescription drugs	Y__N__
Do you chew tobacco	Y__N__	If yes what _____	
Do you drink alcohol.....	Y__N__	Mental illness or depression.....	Y__N__
If yes when and how much _____		Other _____	

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Reviewed by: _____

Date: _____