

Has the patient ever had a serious injury such as a broken bone or concussion? Y / N

If yes, please explain: _____ Year: _____

Has the patient ever been in speech, occupational, or physical therapy? Y / N

Is the patient currently in speech, occupational, or physical therapy? Y / N

If yes, please explain: _____

SURGICAL HISTORY Check all that apply or circle: NONE

Has the patient ever had any of the following procedures?

____ circumcison ____ tonsil removal ____ adenoid removal

____ ear tubes ____ shunt placement ____ gastrostomy tube

Other surgeries not listed above: _____

FAMILY HISTORY Check all that apply or circle: NONE

Relation	Mom	Dad	Sibling	Grand - parent	Aunt	Uncle
Heart attack						
Heart failure						
Stroke						
High blood pressure						
High cholesterol						
Diabetes						
Polycystic Ovary Syndrome						
Thyroid disorder						
Thyroid nodule						
Thyroid cancer						
Genetic disorder						
Lupus						
Rheumatoid Arthritis						

Crohn's Disease						
Ulcerative Colitis						
Multiple Sclerosis						
Psoriasis						

Other: _____

FAMILIAL STATURE Mother's Height: ___ ft ___ in Father's Height: ___ ft ___ in

SOCIAL & HOUSEHOLD HISTORY

Patient's Grade Level: _____ School: _____

Patient's parents are: Single Married Separated Divorced

Patient lives with: _____