

Brewster Academy Health Center
80 Academy Drive, Wolfeboro, NH 03894
(603) 569-7121 FAX (603) 569-7144

Medical History 2008-2009

To be completed by parent and student

Student _____ Date of Birth _____

Family History: check those that you have a family history of, and specify relationship to student:

_____ Depression _____ Cancer _____ Heart Disease _____ Asthma, allergies
_____ Diabetes _____ Epilepsy _____ Stomach Disease _____ Kidney Disease

Personal History: check all that the student has had:

_____ Anemia	_____ High blood pressure	_____ Surgery
_____ Asthma (see below)	_____ Low blood pressure	_____ Appendectomy
_____ Anxiety	_____ Insomnia	_____ Tonsillectomy
_____ Back problems	_____ Kidney problems	_____ Hernia repair
_____ Cancer	_____ Malaria	_____ Other
_____ Chicken pox	_____ Epilepsy	_____ Ulcer
_____ Chronic sinusitis	_____ Hepatitis	_____ Tuberculosis
_____ Colitis	_____ Lyme disease	_____ Weight gain or loss
_____ Concussion	_____ Measles	_____ Whooping cough
_____ Depression	_____ Migraines	
_____ Diabetes	_____ Mononucleosis	Women Only:
_____ Dysentery	_____ Mumps	_____ Irregular periods
_____ Eating disorder	_____ Seizure	_____ Severe cramps
_____ Fainting or dizziness	_____ Thyroid disorder	_____ Oral contraceptive
_____ Heart murmur	_____ Urinary tract infection	

Allergies: _____ Typical response: _____ Treatment: _____

Asthma: Inhaler or treatment type: _____
How often is inhaler used? _____ What triggers asthma attacks? _____

Please send a spare inhaler or prescription to be kept in the Health Center for refills or emergency.

Has your child had multiple or significant muscle, bone or joint injuries? _____

Please explain any need for counseling or treatment for depression, eating disorder, attempted suicide or other emotional problems? (Use separate paper if needed) _____

Please explain any hospitalization or ongoing treatment by physicians or other practitioners in the past 5 years?

Have there been any important changes in your child's life recently? (e.g. divorce, separation, illness or family death) _____

Please use additional paper if needed or call the Health Center (603-569-7121) with your concerns or questions. If your child has any condition (e.g. diabetes, depression, thyroid disorder, epilepsy, etc.) that requires special monitoring or medication, please call the Health Center and speak with one of the nurses. Honest disclosure of medical history will aid us in providing care appropriate to your child's needs.

Parent signature _____

Date _____

Student signature _____

Date _____