

# COLLEGE PARK FAMILY CARE CENTER

## CHILDREN'S GENERAL HEALTH UPDATE (0 - 12 years of age)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

### SINCE YOUR LAST APPOINTMENT:

YES

NO

1. Have you developed any new or serious medical problems?

If yes, explain briefly: \_\_\_\_\_

2. Have you been started on any new medications?

Please name \_\_\_\_\_

3. Have you had any major surgery?

4. Have you had any reactions to medications?

If so, please describe: \_\_\_\_\_

### SINCE YOUR LAST APPOINTMENT (circle one, if applicable)

YES

NO

CONSTITUTIONAL (fatigue, irritability, weight gain or loss)

ENT (problems with sinus or ears)

LUNGS (exercise/cough problems)

GASTROINTESTINAL (stomach aches, loose stools, reflux, heartburn)

NEUROLOGICAL (headache problems)

SKIN ALLERGY (dry skin, rashes, hives)

SOCIAL HISTORY (school problems, behavior problems, ADD, ADHD, hyperactivity)

OTHER (briefly state):