

**MEDICAL HISTORY STATEMENT**

CHILD'S NAME \_\_\_\_\_ DATE OF ADMISSION \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

1) LIST ALL ALLERGIES AND ANY SPECIAL PRECAUTIONS AND TREATMENT INDICATED FOR THESE ALLERGIES:

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2) LIST ANY MEDICATIONS, FOOD SUPPLEMENTS, MODIFIED DIETS OR FLUORIDE SUPPLEMENTS CURRENTLY BEING ADMINISTERED TO THE CHILD:

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3) LIST ANY CHRONIC PHYSICAL PROBLEMS AND ANY HISTORY OF HOSPITALIZATION:

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4) LIST ANY DISEASES THE CHILD HAS HAD:

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