Ronald McDonald Care Mobile

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Phone 847-723-7358 ~ Fax 847-723-9566

4440 W. 95th Street ~ Oak Lawn, IL 60453
Phone 847-723-7358 ~ Fax 708-684-4763

Child History Form

*****Please complete as much information as possible for us to best care for your child*****

Child's Name	Date of Birth
Last visit to regular doctor	Reason
Last visit to dentist	Last vision test

How many days has the child missed from school in the past year? _____ Reason(s)_____
Were any because the required physical or immunizations were not complete? □ Yes □ No

Has the child been in the Emergency Room in the past year? □ Yes □ No
If yes, please list reasons: _____

Has the child had any overnight hospitalizations or any surgeries? □ Yes □ No If yes, please list: _____

Please list the child's medications: _____

Please list allergies to any medication/foods/other: _____

Has the child had any reaction to previous immunizations: (please circle)
NONE fever (104 or more) seizure severe allergic reaction rash change in mental status

Does the child have any health problems or major illnesses below?

Asthma	□ Yes □ No	Diabetes	□ Yes □ No
Birth defects	□ Yes □ No	Heart problem (heart murmur, high blood pressure)	□ Yes □ No
Ear infections	□ Yes □ No	Constipation	□ Yes □ No
Sickle cell/hemophilia	□ Yes □ No	Dizziness or chest pain with exercise	□ Yes □ No
Bone/joint problems	□ Yes □ No	Ear/hearing problems	□ Yes □ No
Developmental delay	□ Yes □ No	Eye or vision problems, wears glasses or contacts	□ Yes □ No
Behavioral concerns	□ Yes □ No	Other (please list):	

Child's Family History: Place the letter of family member who has each problem on chart below—**M**other, **F**ather, **S**ister, **B**rother, **G**randparent

Heart disease	Asthma	High blood pressure	Cancer
Stroke	Seizures	Diabetes	Sudden death before age 50

Please respond to the statements below:
In the past 12 months, our family has run out of food before we had money to buy more
□ Never □ Sometimes □ Always
In the past 12 months, our family has worried we would not have enough food before we had money to buy more
□ Never □ Sometimes □ Always

Please mark yes or no for the following statements:
□ Yes □ No The child is exposed to cigarette smoke in the home
□ Yes □ No There is a gun in the home where the child lives or spends a lot of time
□ Yes □ No The child wears a seat belt in the car
□ Yes □ No The child owns a bike helmet
□ Yes □ No The child is in need of mental health/behavioral health resources
Please list anything else you would like us to know about the child or any special concerns?
_____

Printed name	**Parent/legal guardian signature**	**Date:**