PNP Mandatory Health History Update for Parent/Guardian

Dear Parent/Guardian- Please complete this form and return it along with any medical/health forms each time you provide us with a medical/health form for your child. Your child's health history might have changed since the last time they were in our office and we want to be as thorough as possible. Many forms require the information requested below. ***Also, Please make sure the history portion of any form you submit is completed****. Our physician's will not be able to complete any forms for you without this information.*

---COMPLETE THIS SECTION FOR ALL CHILDREN / FORMS---

Child's Name: ____ **Child's Date of Birth:** ___________________

Parent's Signature: ____ **Today's Date:**_________________________

Allergies to Medications: none or list ____

Allergies to Food: : none or list and fill out the food allergy section below:____

Any Current Medications: none or list:____

Covid-19 Questions:

- **Has your child ever had Covid-19?** no / *If yes date*_____________________________ *and answer the questions below:*
  - **Was it a mild infection** (3 day or less of fever and NOT hospitalized) **or Moderate/Severe infection** (4 days or more of fever OR hospitalized)?____
  - **Has your child been cleared by us or a specialist to return to sports AFTER their Covid-19 infection? no** / ***If yes please provide details:*** ____
- **Has your child been vaccinated for Covid-19?** If so, list brand + dates. Also provide copy of documentation card so we can enter this in our system: ____

---***COMPLETE SECTIONS BELOW ONLY IF APPLICABLE TO YOUR CHILD***------------------------------------

Asthma Action Plan Questions (*Only answer if you child has Asthma)*

- Is your child on a daily Asthma Medicine? no / or list medications and dosages
  ____
- Is your child capable of carrying and self-administering his/her rescue inhaler?
  Circle one : Yes No
- If your child uses a Peak Flow Meter, what is his/her normal Peak Flow?
  ____
- Are there any specific triggers that are known triggers of your child's asthma?
  ____

Food Allergy and Anaphylaxis Emergency Form Questions *(Only answer if your child has Food Allergies)*

- What is your child allergic to? Please list all foods.
  ____
- Does your child have asthma? If so, please fill out above portion as well.
  Circle one : Yes No
- Has your child ever had an episode of anaphylaxis?
  Circle one : Yes No
- Is your child capable of carrying his/her Epinephrine?
  Circle one : Yes No
- If your child capable of self-administering his/her epinephrine?
  Circle one : Yes No
- What is your child's current weight? _________________