

PNP Mandatory Health Update for Parent/Guardian Requesting Forms

Dear Parent/Guardian- Please complete this form and return it along with any medical/health/sports forms that you are requesting for us to complete. Details might have changed since the last time the patient was in our office and we want to be as thorough as possible. Many forms require the information requested below. **Also, please make sure the parent/guardian section and history portion of any form you submit is fully completed.** Our physician's will not be able to complete any forms for you without this information.

-----COMPLETE THIS SECTION FOR EACH PATIENT REQUESTING FORMS-----

Patient Name: _____ Patient Date of Birth: _____

Parent's Signature: _____ Today's Date: _____

Allergies to Medications: none or list: _____

Allergies to Foods: none or list and fill out the food allergy section below: _____

Any Current Medications: none or list: _____

Health History Update - SINCE THE LAST PNP WELL VISIT:

Have there been any **severe** illnesses or medical problems (i.e. surgeries, hospitalizations, etc.)?

Are there any **significant** updates to the family history (i.e. new onset heart problem, etc.)?

-----COMPLETE SECTIONS BELOW ONLY IF APPLICABLE-----

Asthma Action Plan Questions (*Only answer if patient has Asthma*)

- Is the patient on a daily Asthma Medicine? no / or list medications and dosages

- Is the patient capable of carrying and self-administering their rescue inhaler?
Circle one : Yes No

- Are there any specific known triggers of the patient's asthma?

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

- What is the patient allergic to? Please list all foods.

- Does the patient have asthma? **If yes, please also fill out the section above.**
Circle one : Yes No

- Has the patient ever had an episode of anaphylaxis?
Circle one : Yes No

- Is the patient capable of carrying their epinephrine?
Circle one : Yes No

- Is the patient capable of self-administering their epinephrine?
Circle one : Yes No

- What is the patient's current weight? _____