

**NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

### Medical History

*Please Fill Out As Completely As Possible*

**HOW IS THE CLIENT'S PHYSICAL HEALTH?** \_\_\_\_\_

**SIGNIFICANT OR RELEVANT MEDICAL CONDITIONS?** \_\_\_\_\_

**ANY SERIOUS INJURIES INCLUDING SURGERIES, BRAIN INJURIES, CONCUSSIONS OR HOSPITALIZATIONS?**

YES  NO IF YES, EXPLAIN:

**DOES THE CLIENT HAVE A PRIMARY CARE PHYSICIAN (PCP)?**  YES  NO

**IF NO, DO THE CLIENT NEED ASSISTANCE FINDING A PCP?**  YES  NO

**IF YES, PLEASE PROVIDE PCP'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**WHEN WAS PCP SEEN LAST?** \_\_\_\_\_ **REASON:** \_\_\_\_\_

**DOES SWFGC HAVE YOUR PERMISSION TO SHARE INFORMATION WITH YOUR PCP?**  YES  NO

IF NO, PLEASE SIGN HERE: \_\_\_\_\_

*SWFGC requires a signature confirming your decision on a signed Authorization to Disclose and Release Health Information form.*

**ARE ALL IMMUNIZATIONS UP TO DATE?**  YES  NO

**HAS THE CLIENT EVER TAKEN ANY MEDICATIONS (INCLUDING PSYCHOTROPIC MEDICATIONS, VITAMINS, SUPPLEMENTS, OR OVER-THE-COUNTER PRODUCTS)?**  YES  NO

NAME OF MEDICATION	DOSAGE	HOW OFTEN IS IT TAKEN?	PURPOSE	CURRENTLY TAKING

**DOES THE CLIENT HAVE ANY ALLERGIES (FOOD, ENVIRONMENTAL, MEDICATIONS)?**  YES  NO

EXPLAIN:

# Medical History (Page 2)

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ID #: \_\_\_\_\_

.....  
**ARE THERE ANY KNOWN FAMILY HEALTH CONDITIONS (I.E. ASTHMA, DIABETES)?** \_\_\_\_\_

**DEVELOPMENT HISTORY (IF CLIENT IS UNDER AGE 18)** \_\_\_\_\_

**WAS THE PREGNANCY WITH THIS CLIENT PLANNED?**     YES     NO

**WAS THE PREGNANCY FULL TERM?**     YES     NO    **IF NOT, HOW MANY MONTHS/WEEKS?** \_\_\_\_\_

**ANY PROBLEMS DURING PREGNANCY (INCLUDING DOMESTIC VIOLENCE, SUBSTANCE ABUSE)?**     YES     NO

EXPLAIN: \_\_\_\_\_

**WERE THERE ANY COMPLICATIONS DURING DELIVERY?**     YES     NO

EXPLAIN: \_\_\_\_\_

**WERE MOTHER/CLIENT SEPARATED IMMEDIATELY AFTER BIRTH?**     YES     NO

EXPLAIN: \_\_\_\_\_

**OTHER PARENT/CLIENT SEPARATIONS AFTER BIRTH:**     YES     NO

EXPLAIN: \_\_\_\_\_

**DESCRIBE CLIENT AS AN INFANT/TODDLER (I.E. CHEERFUL, FUSSY, CUDDLY):** \_\_\_\_\_

**DEVELOPMENTAL MILESTONES PLEASE RATE: 1 FOR ON TIME, 2 FOR EARLY, 3 FOR DELAYED**

AGE CLIENT 1ST SAT UP                       TOOK 1ST STEPS                       SPOKE 1ST WORD

FED THEMSELVES                       TOILET TRAINED DURING DAY                       TOILET TRAINED AT NIGHT

