

Does your child have a history of the following problems? (Now or in the past)

- Allergy, hay fever, or sinus problems
- Asthma, wheezing, or shortness of breath
- Bronchitis or pneumonia
- Chronic cough
- Frequent throat infections, tonsillitis, or colds
- Hearing problems
- Heart murmur or other problems
- Frequent chest pain
- Convulsions or staring spells
- Dizziness or fainting
- Frequent headaches
- Head injury or concussion
- Unusual clumsiness
- Vision problems
- Excessive sweating
- Excessive thirst
- Growth problems or weight loss
- Abdominal pain, chronic
- Bloody or tarry stools
- Constipation or diarrhea
- Soiling pants
- Vomiting or nausea, chronic
- Anemia
- Easy bleeding or bruising
- Sickle cell trait or disease
- Chickenpox
- Mononucleosis
- Measles
- Exposure to tuberculosis
- Frequent unexplained fever
- Deformities
- Joint swelling or pain
- Urinary tract or bladder infections
- Frequent or painful urination
- Bedwetting or daytime wetting
- Menstrual irregularity or abnormality
- Eczema or other skin problems
- Grade in school _____ Usual grades _____
- Behavior problems
- School problems
- Easily saddened or depressed
- Mood swings
- Change in appetite or sleep habits