

## CHAPTER 4A

### PATIENT HISTORY AND OTHER INFORMATION



**SIBLING INFORMATION SHEET**

Name \_\_\_\_\_

School \_\_\_\_\_ School Phone \_\_\_\_\_

School Address \_\_\_\_\_

School Hours \_\_\_\_\_

Teacher's Name \_\_\_\_\_

**After-School Activities:**

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_

Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

Route home from school: \_\_\_\_\_

**Week-end Activities:**

Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

**Best Friends:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

**Food likes and dislikes:**

\_\_\_\_\_

**Favorite things to do:**

\_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Favorite Babysitters:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Bedtimes:**

Up at \_\_\_\_\_ in bed by \_\_\_\_\_

## INSURANCE INFORMATION

### PERSONAL

Child's Name \_\_\_\_\_  
Insured's Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_

### INSURED

Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Benefit Contact \_\_\_\_\_ Phone # \_\_\_\_\_

### INSURANCE

Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Group Number \_\_\_\_\_  
Name of contact \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Group Number \_\_\_\_\_  
Name of Contact \_\_\_\_\_ Phone # \_\_\_\_\_