CHAPTER 4A

PATIENT HISTORY AND OTHER INFORMATION
PATIENT HISTORY

Child ___________________________ Birthday ___________________________
Mother ___________________________ Father ___________________________
Home Address ___________________________ Phone # ___________________________
Home Phone number ___________________________
Emergency Name and Number ___________________________
Mother’s Employer ___________________________ Phone # ___________________________
Address ___________________________
Father’s Employer ___________________________ Phone # ___________________________
Address ___________________________
Insurance Carrier(s) ___________________________

Siblings names and ages ___________________________
Religion ___________________________ Interests ___________________________
Primary CMH Physician ___________________________
Diagnosis ___________________________ Date of Diagnosis ___________________________
Allergies food/drugs ___________________________
Immunizations ___________________________

At-Home Medications ___________________________

Medical History ___________________________
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 # ___________________________