GENE[redacted]ALTH HISTORY

Physic[redacted]_____

Addr[redacted]_____

Street city zi[redacted]

Ph[redacted]_____

S[redacted]_____

[redacted]izations up to date? Yes ____ No_____

Does your child take any medications on a regular basis? Yes___ No _____

If so, please describe _____

Medical diagnosis _____

As far as you know, has your child had difficulty with any of the following:

Allergies__	heart__	eczema__	stomach or bowel__	anemia__
feeding__	asthma__	vision__	frequent fevers__	hearing__
ear infections__	ear tubes__	meningitis__	seizures__	sleeping__

h0 0 1 234.1 529.6Tm0 G[(m)5(e)-10(ni)5(ngi)5(t)5(i)5(s)]TJETQ TJETQq0.0BT/F5.9 o 542.17Tm0 G[(f)]TJETQq0.000009