

HEALTH HISTORY: (Check relevant categories, and give approximate dates)

Frequent Colds/Sore Throats _____	Fainting _____	Cardiac Conditions _____
Sinusitis _____	Seizures _____	Skin/Dermatology _____
Abscessed Ears _____	Sleep Walking _____	Diabetes _____
Stomach Upset/Constipation _____	Bronchitis _____	Infectious Diseases _____
Kidney/Renal Issues _____	Bedwetting _____	
Medication Allergies _____		
Food Allergies _____		
Environmental Allergies _____		