Quinte CHILDREN'S HOMES
helping to make tomorrow better.

CLIENT MEDICAL HISTORY

Date Submitted:	
Date Accepted:	

Form to be completed by a QCH representative at intake to provide the Parent Therapist with pertinent medical information regarding the new resident.

CLIENT MEDICAL HISTORY

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Name of Child (last, first):	
☐ M ☐ F	DOB (mm/dd/yyyy):
School:	Grade:
Previous School:	
Health Card Number:	

PARENTS

Mother:	
Address:	
Telephone (home):	Telephone (work):
Father:	
Address:	
Telephone (home):	Telephone (work):

GUARDIANS (if different from above)

Name:
Address:
Telephone(s):

FAMILY PHYSICIAN

Name:	
Address:	
Telephone (home):	Telephone (work):

HEALTH HISTORY OF PATIENT

Allergies:			
Type of Reaction:			
Does your child wear glasses?	☐ Yes ☐ No	Reason:	
Date of last eye appointment:			
Has your child been hospitalized for serious accident/illness/operation?			
1.	Reason:	2.	Reason:
	Place:		Place:
	Date:		Date:
	Doctor:		Doctor:

PAST HEALTH INFORMATION	
Has your child been treated for the following or is there any concern about the following:	
☐ Asthma	☐ Vison Problems
☐ Headaches	☐ Stomach Pains
☐ Hearing	☐ Constipation
☐ Tubes in Ears	☐ Jaundice
☐ Nose Bleeds	☐ Sleeping Problems
☐ Appetite	☐ Physical Deformities
☐ Soiling	☐ Co-ordination Problems
☐ Wetting	☐ Knee Problems
☐ Seizures	☐ Diabetes
☐ Poison	☐ Measles
☐ Overdose	☐ Mumps
☐ Fractures	☐ Chicken Pox
☐ Vomiting	☐ Small Pox
☐ Back Pain	☐ Other

ITEMS TO NOTE:

IMMUNIZATION INFORMATION	
Date of last booster for:	Date:
Diphtheria, Polio, Tetanus, Pertussis	
Measles, Mumps, Rubella	
Hemophilius Influenza	
☐ Given by Family Doctor ☐ Given by School	
If these immunizations are not presently up to date, I give permission for Quinte Children's Homes to have them brought up to date at the Hastings and Prince Edward County Health Unit.	
Signature of Parent/Guardian:	

INTAKE DENTAL INFORMATION	
Date of last Dental Appointment as per CSW:	
Dentist:	
Address:	
Dental exam has occured within 6 months of admission? ☐ Yes ☐ No	
Copy to be provided by CSW? ☐ Yes ☐ No	Date:
If your child has not had a dental appointment within the last six months, it is the policy of Quinte Children's Homes that they have an appointment for dental examination within 90 days admission. Quinte Children's Homes will be pursuing an appointment if CAS is unable to provide documentation to confirm a recent dental appointment has occurred.	
I give permission for to undergo a dental examination if required within the dental policy.	
Signature of Parent/Guardian:	
The agency agrees to take responsibility for the payment of this examination.	
Signature of Parent/Guardian:	