WELLNESS FORM

1. **Child Full Legal Name:**

FAMILY INFORMATION

2. Primary Residence and Household Members:

3. Secondary Residence and Household Members:

4. Mother's Place of Work ☐ Full Time ☐ Part Time

Work Phone #:

5. Father's Place of Work: ☐ Full Time ☐ Part Time

Work Phone #:

HEALTH INFORMATION

6. Doctor's Name: Phone Number:

7. Previous Doctor's Name: Phone Number:

8. Are your child/youth health records on file at Alberta Health Services Community Health Centre?

☐Yes ☐ No

If No, where are your child's health records located.

9. Are your child/youth immunizations up to date? Yes No

If No, please state reason.

10. Please give the name of person and type of therapy (speech, occupational therapy, physical therapy etc...) that your child has previously or is currently receiving:

a) Name: Therapy: Phone:

☐ has previously seen ☐ is seeing ☐is on waiting list ☐has applied to see

b) Name: Therapy: Phone:

☐ has previously seen ☐ is seeing ☐is on waiting list ☐has applied to see

11. Does your child/youth have any allergies (food, medication, or other)? ☐ Yes ☐ No If yes, please note:

Allergy: Triggers/Reaction: Treatment:

Asthma: Triggers/Reaction: Treatment:

Exema: Triggers/Reaction: Treatment:

Is medication needed at school. ☐Yes - fill out medical form from your child's educator ☐ No

12. Has your child/youth had? Please check with an X any of the following that apply:

☐ Mumps ☐ Red Measles ☐ German Measles ☐ Croup

☐ Chicken Pox ☐ Scarlet Fever ☐ Whooping Cough ☐ Diphtheria

☐ Pneumonia ☐ Bronchitis ☐ Tonsillitis ☐ Polio

☐ Convulsions ☐ Seizures ☐ Ear Aches ☐ Frequent Colds

14. Sleep/Toileting/Eating Problems?

15. Problems at Birth? ☐ Yes ☐ No

16. Have you ever had your child's hearing tested? ☐ Yes ☐ No

Other medical information:

****Please note, all children must be potty trained and wear underwear, with the exception of our Toddlers and Early Intervention children. ** Please note, our Toddlers are the only age group that nap.**