

## Sault Health Adolescent Care Center (SHACC): Patient Health History

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>Allergies (medication, food, environmental):</b>	<b>Reaction:</b>

Medications (RX, vitamins)	Dose (mg)	Frequency	Route (oral, topical)	Prescriber	Reason

Condition	Yes	No	Don't Know	Date Diagnosed	Details
Acne					
ADD/ADHD					
Anemia					
Asthma					
Autism					
Behavioral concerns					
Blood transfusion					
Breathing problems					
Bone, joint, muscle problems					
Bone marrow or organ transplant					
Cavities (multiple) or teeth problems					
Cancer:					
Chemotherapy					
Chickenpox or zoster (shingles)					
Concussion or head injury					
Depression					
Developmental delays (speech or motor)					
Diabetes (Type 1 or Type 2)					
Eating disorder:					
Eye problems:					
Frequent colds, ear infections or sore throats					
Frequent nosebleeds					
Headaches (frequent >3/week)					
Hearing problems					
Heart murmur or other heart problem					
High blood pressure					
HIV/AIDS					
HYPERthyroid/HYPOthyroid					
Kidney, ureter, or bladder problems					
Metabolic/ genetic disorders					
Overweight/obesity					
Pregnancy or miscarriage					
School problems or learning difficulties					
Seizures, convulsions or epilepsy					
Serious injury or fracture					
Sexually transmitted infections					
Sleep problems or snoring					
Tobacco, vape, alcohol, or drug use					
Other:					

Has your child ever had surgery?  Yes  No If yes, please describe details below.

Surgery/Procedure	Date of Surgery/Age	Details

### Sault Health Adolescent Care Center (SHACC): Family History

Condition	Mom	Dad	Sibling	MGM*	MGF*	PGM*	PGF*	Other	Details
Alcohol use problems									
Alzheimer's disease									
Anemia									
Anxiety									
Asthma									
Bleeding disorder									
Blood clot: _____									
Bipolar									
Cancer (before age 55): _____									
CHF (congestive heart failure)									
COPD/emphysema									
Crohn's Disease									
Cystic fibrosis									
Developmental disability									
Depression									
Diabetes (Type 1 or Type 2)									
Eating disorder: _____									
Eczema									
Ectopic Pregnancy									
Endometriosis									
Fibromyalgia									
Genetic/metabolic disorder									
Heart attack (myocardial infarction)									
Heart disease (before age 55 years)									
Hepatitis or liver disease									
High blood pressure									
High cholesterol									
HIV or AIDS									
HYPERthyroidism									
HYPOthyroidism									
Kidney disease									
Lupus									
Lyme disease									
Migraine									
Musculoskeletal disorder: _____									
Obesity									
Parkinson's disease									
PCOS (poly cystic ovarian syndrome)									
Psoriasis									
Rheumatoid arthritis									
Schizophrenia									
Seizures or epilepsy									
Sickle cell anemia									
Stroke									
Sudden death (before age 50): _____									
Substance use problems: _____									
TB (tuberculosis)									
Tobacco use									
Ulcerative colitis									
Urinary/bladder problems									
Vision or eye problems (glaucoma etc.)									

\*\*Maternal grandmother = MGM    \*\*Maternal grandfather = MGF    \*\*Paternal grandmother = PGM    \*\*Paternal grandfather = PGF