



### Royal Oak Medical History Profile Form 2022/2023

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender \_\_\_\_\_ Teacher name \_\_\_\_\_

Grade: \_\_\_\_\_

Health Card # \_\_\_\_\_

<b>Parent 1 name</b>		<b>Parent 2 name</b>	
<b>1st Parent Phone #</b>		<b>2nd Parent Phone #</b>	
<b>1st Parent Email</b>		<b>2nd Parent Email</b>	
<b>Emergency Contact Name</b>		<b>Emergency Contact Phone#</b>	
<b>Student Home Address</b>		<b>Student Lives With:</b>	

<b>Chronic Medical Problem list</b>	<b>Date of Diagnosis</b>	<b>Past Surgical History</b>	<b>Date</b>

<b>Allergies (including environmental)</b>	<b>Hospitalizations</b>	<b>Date</b>

<b>Health Alerts</b>			
<b>Anaphylaxis</b>	<b>Epilepsy</b>	<b>Diabetes</b>	<b>Asthma</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Have you ever had a psycho-educational assessment (if so, please attach a copy)</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PERSONAL HISTORY: MENTAL HEALTH</b>				
<b>Has your child...</b>	<b>Y</b>	<b>N</b>		
Expressed depression symptoms?			Displayed anxiety symptoms? (worrying/nervousness)	
Struggled with eating/weight challenges?				

Parent's Signature

Date

\_\_\_\_\_

\_\_\_\_\_