

**Health History Update  
(for returning children)**

**Child's name:** \_\_\_\_\_ **Center:** \_\_\_\_\_

**Parent/guardian being interviewed:** \_\_\_\_\_

1. Is the child currently in WIC program?  
\_\_\_\_\_yes \_\_\_\_\_no

2. Any changes in family information?  
\_\_\_\_\_yes \_\_\_\_\_no

Note changes: \_\_\_\_\_

3. Does child take vitamins?  
\_\_\_\_\_yes \_\_\_\_\_no

4. Note any foods child should not eat due to medical or religious reasons.  
\_\_\_\_\_  
\_\_\_\_\_

5. Is child on a special diet?  
\_\_\_\_\_yes \_\_\_\_\_no

6. Any frequent health problems?  
\_\_\_\_\_yes \_\_\_\_\_no

If yes, note problems \_\_\_\_\_  
\_\_\_\_\_

7. Any vision problems?  
\_\_\_\_\_yes \_\_\_\_\_no

8. Does child wear glasses?  
\_\_\_\_\_yes \_\_\_\_\_no

9. Any hearing/ear problems?  
\_\_\_\_\_yes \_\_\_\_\_no

10. Ever had a seizure?  
\_\_\_\_\_yes \_\_\_\_\_no

If yes, describe seizure \_\_\_\_\_  
\_\_\_\_\_

11. Does child take any medications now?  
\_\_\_\_\_yes \_\_\_\_\_no

Does medicine need to be given at center?  
\_\_\_\_\_yes \_\_\_\_\_no

If yes, name of medicine \_\_\_\_\_

12. Is child currently under treatment by a doctor or dentist for anything?  
\_\_\_\_\_yes \_\_\_\_\_no

If yes, what is child being treated for?  
\_\_\_\_\_

13. Has child ever had:  
Epilepsy \_\_\_\_\_yes\_\_\_\_\_no

Rheumatic fever \_\_\_\_\_yes\_\_\_\_\_no

Heart/blood vessel disease \_\_\_\_\_yes\_\_\_\_\_no

Bleeding problems \_\_\_\_\_yes\_\_\_\_\_no

Liver disease \_\_\_\_\_yes\_\_\_\_\_no

Diabetes \_\_\_\_\_yes\_\_\_\_\_no

Sickle cell anemia \_\_\_\_\_yes\_\_\_\_\_no

Asthma \_\_\_\_\_yes\_\_\_\_\_no

Any other disease? \_\_\_\_\_yes\_\_\_\_\_no

List other disease \_\_\_\_\_

14. Any medication allergies? \_\_\_\_\_yes\_\_\_\_\_no  
If yes, name medicine \_\_\_\_\_

What is the reaction? \_\_\_\_\_

15. Any food allergies? \_\_\_\_\_yes\_\_\_\_\_no  
If yes, name them \_\_\_\_\_

What is the reaction? \_\_\_\_\_

16. Any other allergies? \_\_\_\_\_yes\_\_\_\_\_no  
If yes, list allergies \_\_\_\_\_

17. Any recent life changes or family problems that might affect the child?  
\_\_\_\_\_  
\_\_\_\_\_

Staff interviewing \_\_\_\_\_ Date \_\_\_\_\_