Tapestry 360 Health School-Based Health History Form

Patient's Name					oate of Birth//		
Country of Birth	Birth Year c			child came to U.S.A (if applicable)			
STUDENT'S MEDICA	L HISTORY						
Place an X next to	any of the fo	ollowing he	alth prob	lems your child	has:		
☐ Asthma			□ Diabe	etes	☐ Depression	n	
□ Anemia			☐ Heart	murmur	☐ Other psyc	•	
□ Bleeding disord	er		☐ Heart	disease	☐ Past positiv	e tuberculo	
☐ Cancer				res/Epilepsy			
☐ Other (Please lis	st):						
Please list all major	health event	s that your o				- D-4	
Surgery			Date	Major iliness,	injury, hospitalization, et	c. Dat	
	ations your c		•	on and non-preso	cription). If none, check thi	s box: 🛘	
Medication			Dosage		How often is it taken		
Allergy				d of reaction oc			
FAMILY MEDICAL H	ISTORY						
Please describe any	<u></u>	n history.					
			n Medic	al problems / Re	eason for death (if deceas	ed)	
	health						
Child's Mother							
Child's Father							
Child's Siblings							
Others							
Has your child ove	r had a hear	t infaction	heart tra	nenlant congon	nital heart disease, prosth	etic cardia	
valve? Yes		i iiiicotioii,	iicait tia	iispiaiit, congcii	iitai iicait aiscasc, prosti	ictio caraiat	
		ahaut vau	سمالمالمه س	المحمد بدما محمد المحادد	الماريون بيون في طالع والمار	ilea va ta	
investigate or trea					al health that you would l	ike us to	
investigate or trea	at at the scr	iooi-basec	neaim	center.			
/Guardian Name (print)				Date:			
/Guardian Signature				Date:			