



Patient Name: _____
Date of Birth: _____

Bangor Health Center
Open Year Round to serve youth ages 10-21
803 West Arlington, Bangor, MI 49013
Phone: 269-427-6810 Fax: 269-427-6811

HEALTH HISTORY

Please fill out this Health History Questionnaire for your child/adolescent. **Today's Date:** _____

Child's name: _____ **Date of Birth:** _____ **Current Grade:** _____

Patient's Primary Care provider: _____

Date of last physical: _____

Patient's specialist (ex. cardiologist, endocrinologist, psychiatrist etc. - leave blank if patient does not see specialist): _____

Preferred Pharmacy: _____

Who lives in the home?

Name:	Relationship:
_____	_____
_____	_____
_____	_____

Medications: My child does not take any medications

Name of medicine:	Dose:	Reason for taking:	Prescribed by:
_____	_____	_____	_____
_____	_____	_____	_____

Allergies: My child does not have any allergies to any medications

Name of medicine:	What type of reaction:
_____	_____
_____	_____

Patient's Health Conditions: Please check yes or no related to the patient's health

	Yes	No	Unsure
Asthma	_____	_____	_____
Depression / Anxiety	_____	_____	_____
Learning Disability	_____	_____	_____
Diabetes	_____	_____	_____
Heart Problems/Murmur	_____	_____	_____
Seizures / Epilepsy	_____	_____	_____
Other (specify)	_____	_____	_____



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Has your child ever been hospitalized overnight, had any serious injuries including sports-related injuries, or had any type of surgery?

No: Yes: If yes, what age? _____

Problem/Type of Surgery? _____

Family History:

Some health problems are passed from one generation to the next. Have you or your adolescent's blood relatives (parents, grandparents, brothers, or sisters), living or deceased, had any of the following problems?

Unknown family history

Adopted

Yes No Unsure Relationship

Allergies/Asthma	_____
Cancer (type)	_____
Depression	_____
Diabetes	_____
Heart Attack or stroke	_____
<i>Before age 50</i>	_____
High blood pressure	_____
High cholesterol	_____
Mental illness	_____
Migraine headaches	_____
Smoking	_____
Substance Abuse	_____
Others (specify)	_____

Specific Services:

1. Immunizations (vaccines): I understand my child's immunization records from the Michigan Care Improvement Registry (MCIR) will be reviewed. If it is determined that my child needs a vaccination, I give my permission for it to be given at Bangor Health Center. A letter indicating the needed immunization and Vaccine Information Sheet will be sent home for review at least 1 week before the immunization is planned to be given.

- Yes, I give my permission for immunizations to be given to my child.
- Yes, I give my permission for immunizations to be given to my child with the following exceptions:

No, I do not give my permission for immunizations to be given to my child.

2. Over the Counter Medications:

- Yes, I give my permission for over the counter medications to be given to my child, if indicated by the medical provider.
- Yes, I give my permission for over the counter medications to be given to my child with the following exceptions: _____
- No, I do not give my permission for any over the counter medications to be given to my child.



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Your Rights

- You have the right to be treated with respect and dignity.
- You have the right to receive care in our program: regardless of race, religion, national origin, gender, sexual orientation, ability to pay or handicap.
- You have the right to privacy.
- You have the right to discuss with your healthcare provider any questions or problems you may have.
- You have the right to refuse any treatment you do not want or do not understand, unless you are a danger to yourself or others.
- You have the right to understand why certain information is requested or why certain care is suggested.

Your Responsibilities **What you need to do....**

- You are responsible for treating health care providers with respect.
- You are responsible for answering questions and telling the truth about your health.
- You are responsible for showing respect and privacy for others using the program.
- You are responsible for asking questions about anything you do not understand.
- You are responsible for telling Bangor Health Center staff about any changes in your health.