

**Mary Haven Youth Center  
Physical History**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

**FAMILY**

Number of Children at home:        Boys \_\_\_\_\_ Girls \_\_\_\_\_  
This child's position in family        \_\_\_\_\_

**BIRTH CONDITIONS**

Pregnancy: Please list any unusual or extraordinary conditions which occurred during the pregnancy of this child. \_\_\_\_\_  
\_\_\_\_\_

Birth: Please list any unusual or extraordinary conditions which occurred during the birth of this child.  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH CONDITIONS**

Indicate any history of the following:

Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Anemia \_\_\_\_\_ Hernia \_\_\_\_\_ Kidney Disease/Injury \_\_\_\_\_

Fainting \_\_\_\_\_ Fractures \_\_\_\_\_ Chronic Infection \_\_\_\_\_ Head Injury \_\_\_\_\_ Malformations \_\_\_\_\_

High Fever \_\_\_\_\_ Skin Trouble \_\_\_\_\_ Severe Headaches \_\_\_\_\_ Dizziness \_\_\_\_\_

Ear Problems \_\_\_\_\_ Vision Problems \_\_\_\_\_ Frequent colds \_\_\_\_\_ Nosebleeds \_\_\_\_\_

Chest Pains \_\_\_\_\_ Shortness of breath \_\_\_\_\_ Abdominal Pains \_\_\_\_\_ Hearing loss \_\_\_\_\_

Venereal Disease \_\_\_\_\_ Convulsions/tremors \_\_\_\_\_ Other \_\_\_\_\_

Explanation of items checked above:

List all allergies(food, medicine, etc.):

Childhood Diseases (Reasons/Dates):

Hospitalizations(Reasons/Dates):

## BEHAVIOR

Any problems with the following:

Overactive\_\_\_\_\_Underactive\_\_\_\_\_Fidgety\_\_\_\_\_Fearful\_\_\_\_\_

Moody\_\_\_\_\_Withdrawn\_\_\_\_\_Temper Tantrums\_\_\_\_Bites Nails\_\_\_\_\_

Bedwetting\_\_\_\_\_Insomnia\_\_\_\_\_Bowel Control\_\_\_\_Sleepwalking\_\_\_\_\_

Facial Tic\_\_\_\_\_Cracks knuckles\_\_\_\_\_Social Skills\_\_\_\_\_Other\_\_\_\_\_

Explanation of items checked above:

## FAMILY HISTORY

Have any family members suffered from the following:\_\_\_\_\_

Diabetes\_\_\_\_Cardiovascular Disease\_\_\_\_Kidney Disease\_\_\_\_Cancer/Leukemia\_\_\_\_

Mental Retardation\_\_Tuberculosis\_\_\_\_\_Mental Health Problems\_\_\_\_\_

Chemical Dependency\_\_\_\_\_

Name and relationship for any checked above: