

**GOTTSCHALL ACCESS PROGRAM
MEDICAL HISTORY/FAMILY PROFILE**

Last Name (print)	First Name	Middle Initial	(Maiden)	Home Phone
Address		City	State	Zip
_____/_____/_____				
Date of Birth		Sex: M ___ F ___		

Current Medications/Drugs:

Family History:

	Age	State of Health	Occupation	Age at Death	Cause of Death
Father	_____	_____	_____	_____	_____
Mother	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____
Children	_____	_____	_____	_____	_____
Brother(s)	_____	_____	_____	_____	_____
Sister(s)	_____	_____	_____	_____	_____

Student's Personal History:

	Yes	No
Cardiac Device	___	___
VNS Device	___	___
Down Syndrome	___	___
Prader Willi	___	___
Seizure Disorder	___	___
Encephalopathy	___	___
PDD	___	___
Autism	___	___
Asperger's Syndrome	___	___
Hearing Impairment	___	___
Visual Impairment	___	___
Legally Blind	___	___
Fetal Alcohol Syndrome	___	___
Anxiety	___	___
Depression	___	___
Schizophrenia	___	___
OCD	___	___
Delusions/Hallucinations	___	___
ADHD/ADD	___	___
Bipolar	___	___

<u>Allergies</u>	Yes	No
<u>Allergies continued:</u>		
Bees	___	___
Foods (list below)	___	___
Animals (list below)	___	___
Latex	___	___
Drug Allergies (list below)	___	___

	Yes	No
Student carries an Epipen	___	___

Food Allergies: _____

Animal Allergies: _____

Drug Allergies: _____

Other/Comments: _____

Signature of Student or Parent/Guardian

Date

