New Horizons Mental Health Services Child Health History Form

Date Completed:

**Child name**: **Date of Birth:** **Age:**

**Height:**  **Weight:** D**ate of last physical exam:**

Medical condition(s) the child has been diagnosed with (check all that apply) None

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Diagnosis** | **ICD-10 Code**(Office Use Only) | **Client Past** | **Client Now** | **Doctor who diagnosed****the condition** |
|  |  | \*\*\* | \*\*\* |  |
| Asthma | J45.909 |  |  |  |
| Liver Disease | K76.9 |  |  |  |
| Diabetes | E11.9 |  |  |  |
| Epilepsy | G40.909 |  |  |  |
| Seizures | R56.9 |  |  |  |
| Brain Injury | S06.9X9A |  |  |  |
| Tumor | D49.6 |  |  |  |
| Heart Disease | I51.9 |  |  |  |
| Hepatitis | K75.9 |  |  |  |
| Stroke | I63.9 |  |  |  |
| HIV Positive | Z21 |  |  |  |
| Cancer (Please Indicate Type) |  |  |  |  |
|  |  |  | \*\*\* |  |
| Anemia | D64.9 |  |  |  |
| Arthritis | M19.90 |  |  |  |
| Bleeding Disorder | D68.9 |  |  |  |
| High Blood Pressure  | I10  |  |  |  |
| Low Blood Pressure | I95.9 |  |  |  |
| Eye Disease | H57.9 |  |  |  |
| Fibromyalgia | M79.7 |  |  |  |
| Glaucoma | H40.9 |  |  |  |
| Headaches | R51 |  |  |  |
| Migraines | G43.909 |  |  |  |
| Hearing Loss | H91.90 |  |  |  |
| Kidney Disease | N28.9 |  |  |  |
| Lung Disease | J98.4 |  |  |  |
| Dental Issues | Z87.19 |  |  |  |
| Stomach | K31.9 |  |  |  |
| Bowel Problem | K 63.9 |  |  |  |
| Thyroid Dysfunction | E07.9 |  |  |  |
| Tuberculosis | A15.9 |  |  |  |
| Sexually Transmitted Disease | A64 |  |  |  |
| Learning Problems | F81.9 |  |  |  |
| Speech Problems | R47.9 |  |  |  |
| Eating Disorder | F50.9 |  |  |  |
| Sexual Problems | F52.9 |  |  |  |
| Sleep Disorder  | G47.9 |  |  |  |
|  |  |  |  |  |
| Anxiety  |  |  |  |  |
| Bipolar Disorder |  |  |  |  |
| Depression |  |  |  |  |
| ADD/ADHD |  |  |  |  |
| Schizophrenia |  |  |  |  |
| Other: |  |  |  |  |

Is the child currently prescribed any medications by providers **NOT** employed by New Horizons or taking any over-the-counter medications, vitamins or herbals? No Current Medications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication** | **Dosage** | **Prescriber** | **Reason** | **How long has the child been taking this medication?** |
|  |  |  |  |  |
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|  |  |  |  |  |

Does the child have any food or drug allergies? No Known Allergies

|  |  |
| --- | --- |
| **Drug/Food/Other** | **Please describe reaction/side effects** |
|  |  |
|  |  |
|  |  |
|  |  |

Is the child currently pregnant or has ever been pregnant? No

|  |  |  |
| --- | --- | --- |
| **Date of Delivery/****Due Date** | **Is the child/did the child receive pre-natal care?** | **Complications** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Has the child had any hospitalizations or surgeries in the past three years? None

|  |  |  |
| --- | --- | --- |
| **Hospital** | **Reason/Procedure** | **Dates** |
|  |  |  |
|  |  |  |
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|  |  |  |

Substance Use of Child – Current and Past History None

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Substance** | **Never** | **Past Use** | **Current Use** | **How long has the child used?** | **Has the child received treatment?****If so, where?** |
| Alcohol |  |  |  |  |  |
| Amphetamines  |  |  |  |  |  |
| Benzodiazepines |  |  |  |  |  |
| Caffeine |  |  |  |  |  |
| Marijuana/Cannabinoids |  |  |  |  |  |
| Cocaine/Crack |  |  |  |  |  |
| Hallucinogens |  |  |  |  |  |
| Inhalants |  |  |  |  |  |
| Nicotine |  |  |  |  |  |
| Opiates/Heroin/Pain Medication |  |  |  |  |  |
| OTC Medications |  |  |  |  |  |
| PCP |  |  |  |  |  |
| Prescription Medication |  |  |  |  |  |
| Synthetic Drugs |  |  |  |  |  |

Sexual Orientation

Does the child think of themselves as:

Straight or heterosexual

Lesbian or gay

Bisexual

prefer to self-describe:

Don’t know

Choose not to disclose

Gender identity

What is the child’s current gender identity? (Check one):

Male

Female

Transgender Male/Trans Man/ Female-to-Male (FTM)

Transgender Female/Trans Woman/ Male-to-Female (MTF)

Genderqueer/Non-binary, Gender fluid, neither exclusively male nor female

Additional Gender Category/(or prefer to self-describe):

Choose not to disclose

What sex was the child assigned at birth on the original birth certificate? (Check one):

Male

Female

Choose not to disclose