215 Locust NE
Albuquerque, NM 87102
505-764-2920
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A Child's Garden
Child Health Information Record
Form B: Physician to Complete Information

Child's Name: _____

Child's Birth Date: _____

Date of most recent well child check _____

Please attach a copy of most current immunization record. If record is not current, please explain below.

What, if any, significant health problems has this child had in the past? _____
_____

Does this child have any of the following: ***(if yes, please describe)***

Allergies	☐	Yes	☐	No
Abnormal result on a hearing test	☐	Yes	☐	No
Abnormal result on a vision test	☐	Yes	☐	No
Recurring chronic illness/health problems	☐	Yes	☐	No
Disabilities (such as cerebral palsy, seizure disorder, developmental delay)	☐	Yes	☐	No

If you answered "yes," to any of the above, please explain and provide any follow-up measures or appointments: _____
_____
_____
_____
_____

What medications does this child take regularly? _____

If this child has any special health care or food needs, please describe the individualized care plan or any special instructions: _____
_____
_____
_____

_____
Signature of Physician **Date**