



**The Carpenter's Way**

A Christian Home For Children.

## **Past Medical History Information**

Child's/Youth's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I. Brief Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Allergies/Allergic Reactions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Present Medication(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. Current Medical Providers (Names, Addresses, and Phone Numbers):

Medical: \_\_\_\_\_

Dental: \_\_\_\_\_

Other: \_\_\_\_\_

V. Emergency Contact:

Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (W): \_\_\_\_\_

Phone (H): \_\_\_\_\_

VI. Medicaid Number: \_\_\_\_\_

VII. Insurance Number: \_\_\_\_\_

VIII. Insurance Company (if applicable):

Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_