# SCHOOL NURSE HISTORY FORM

| Student's Name: | DOB: |
|---|---|
| Current medical problems possibly affecting school performance or behavior: | |
| Medical History: | |
| Pertinent Social History: | |
| Pertinent Family History: | |
| Medications: | |
| Any previous medications for attentional symptoms or behavior issues? | |
| Allergies: | |
| Sleep concerns: | |
| Constipation: | |
| Previous laboratory evaluations: | |
| Previous pertinent imaging studies: | |

Hearing Screening: ☐ passed ☐ failed

Vision Screening Results:_____
referred: ☐ yes ☐ no

**Parent's Vanderbilt**: ___/9 inattentive subtype ___/9 hyperactive-impulsive subtype
Conduct screen _____ ODD screen _____ Depression/anxiety screen _____
Academic problems ___/8

**Teacher's Vanderbilt**: ___/9 inattentive subtype ___/9 hyperactive-impulsive subtype
Conduct screen _____ ODD screen _____ Depression/anxiety screen _____
Academic problems ___/8

Adapted from the unpublished study Net-CHAP; Miller, E. and Akins, R., U.C. Davis, M.I.N.D. Institute, 2011