**Crossroads Adult Services**

Lifetime Medical History

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| **Name:** | **Birth Date:** | **BSU#** |

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| **Childhood Diseases (Approximate date if known)****Disease** **Date**  Chicken Pox \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Measles \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mumps \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rubella \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Whooping Cough \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **Gestation, Birth, and Delivery Information:** |
|  Continue to Back Page |
| Developmental Milestones: |

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| Past Major Illnesses / Accidents: (Please list approximate date and description) |

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| Past Major Surgeries / Procedures: (Please list approximate date and description) |
| Health concerns due to Individual’s family medical history: |

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| Psychiatric / Behavioral History: |

Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_