

Royal Oak Medical History Profile Form 2024/2025

Name of Student: _____

Date of Birth: _____

Gender _____ Teacher name _____

Grade: _____

Health Card # _____

Parent 1 name		Parent 2 name	
1st Parent Phone #		2nd Parent Phone #	
1st Parent Email		2nd Parent Email	
Emergency Contact Name		Emergency Contact Phone#	
Student Home Address			Student Lives With:

Chronic Medical Problem list	Date of Diagnosis	Past Surgical History	Date

Allergies (including environmental)	Hospitalizations	Date

Health Alerts			
Anaphylaxis <input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a psycho-educational assessment (if so, please attach a copy) <input type="checkbox"/> Yes <input type="checkbox"/> No			

PERSONAL HISTORY: MENTAL HEALTH		
Has your child...	Y	N
ever been diagnosed with a mental health concern and/or are they currently being treated or supported for any mental health-related struggles (this might include but is not limited to: depression, anxiety, ADHD/ADD eating related challenges, emotion dysregulation, impulsivity or challenges regulating behaviours)		
Do you have any concerns or questions about the mental health or wellbeing of your child that you are monitoring or would like further support around?		

Parent's Signature

Date