

CHRONIC MEDICAL CONDITIONS	DRUG ALLERGIES	MEDICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

- | | | | | | |
|---|-------|--|-------|--|-------|
| <input type="checkbox"/> Allergies(environmental) | _____ | <input type="checkbox"/> GI disorders | _____ | <input type="checkbox"/> Neuromuscular disease | _____ |
| <input type="checkbox"/> Asthma | _____ | <input type="checkbox"/> Diabetes | _____ | <input type="checkbox"/> Seizures | _____ |
| <input type="checkbox"/> Eczema | _____ | <input type="checkbox"/> Growth problems | _____ | <input type="checkbox"/> Cancer | _____ |
| <input type="checkbox"/> Frequent ear infections | _____ | <input type="checkbox"/> Anemia/Bleeding | _____ | <input type="checkbox"/> Hereditary problems | _____ |
| <input type="checkbox"/> Congenital deafness | _____ | <input type="checkbox"/> High cholesterol | _____ | <input type="checkbox"/> Emotional problems | _____ |
| <input type="checkbox"/> Congenital blindness | _____ | <input type="checkbox"/> Blood pressure/stroke | _____ | <input type="checkbox"/> Substance abuse | _____ |
| <input type="checkbox"/> Lazy eye/amblyopia | _____ | <input type="checkbox"/> Heart attack | _____ | <input type="checkbox"/> Smoking | _____ |
| <input type="checkbox"/> Thyroid disorders | _____ | <input type="checkbox"/> Collagen vascular | _____ | <input type="checkbox"/> Other | _____ |