

**MEDICAL HISTORY FORM  
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

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

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

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

**HEALTH HISTORY**

Any history, past, or present of:		YES	NO
1	Head or back injuries		
2	Neurological disorders, convulsions, etc.		
3	Heart disease, high blood pressure, or rheumatic fever		
4	Lung disorders, asthma, tuberculosis		
5	Stomach, gall bladder, or other gastro-intestinal disorders		
6	Allergies to food, drugs, plants, etc.		
7	Blood disorders, anemia, leukemia, etc.		
8	Kidney trouble		
9	Venereal disease		
10	Diabetes or other glandular disorders		
11	Surgery		
12	Physical disabilities		
13	Psychological disorders, mental health diagnosis, drug/substance abuse		
14	Other chronic illnesses, diseases, or disorders		

If any of the above questions were answered yes, provide explanation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you consider your state of health:    Excellent     Good     Fair     Poor

To the best of my knowledge, the above information is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DSS-5017 (rev. 04/11)  
Child Welfare Services

***Please return to:*** Boys & Girls Homes of N.C., Inc.  
Tesa Bush, HR  
P.O. Box 127  
400 Flemington Drive  
Lake Waccamaw, NC 28450