



# Medical History Update Form

To be completed by the Physician

*(Parents/Guardians: This information will be utilized by the School Health team to provide the prescribed services to your student)*

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

CURRENT DIAGNOSIS / CPT Code and MEDICAL STATUS (additional information may be attached):

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Medications: \_\_\_\_\_

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Recommendations for Student Integration Into the school setting:

Activity Restrictions / Limitations \_\_\_\_\_

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Accommodations \_\_\_\_\_

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Nutritional / Dietary \_\_\_\_\_

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Adaptive / Physical Education \_\_\_\_\_

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Physical Therapy \_\_\_\_\_

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Occupational Therapy \_\_\_\_\_

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Special Procedures \_\_\_\_\_

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Return to Clinic \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physician (Print)** \_\_\_\_\_ **NPI#** \_\_\_\_\_

**Office #** \_\_\_\_\_ **Fax #** \_\_\_\_\_