



**Rimrock Trails Adolescent Treatment Services**  
[www.rimrocktrailsats.com](http://www.rimrocktrailsats.com)

Residential Campus: 1333 NW 9<sup>th</sup> St., Prineville, OR 97754

Phone: (541) 447-2631 FAX: (541) 447-2616 Toll Free: 1-888-532-6237

**Medical History Questionnaire**

Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies (list): \_\_\_\_\_

Primary care physician: \_\_\_\_\_ Date of last complete physical: \_\_\_\_\_

Reason for last doctor visit: \_\_\_\_\_

Do you currently take any medications? \_\_\_\_\_yes \_\_\_\_\_no

Name of Medication	Strength	How Often	Physician

**Client Responses**

Recent changes in weight? \_\_\_\_\_ Comfortable with weight? \_\_\_\_\_

Have you ever made yourself vomit, used laxatives (purged) after eating? \_\_\_\_\_

Ever diagnosed with an eating disorder? Yes No If Yes, please explain: \_\_\_\_\_

**For Women Only:** Are you pregnant? Yes No If Yes, when is your due date? \_\_\_\_\_

Are you concerned you might be pregnant? Yes No

How do you feel about your pregnancy? \_\_\_\_\_

What substances have you used during your current pregnancy? \_\_\_\_\_

Any history of pregnancy? Yes No If Yes, please explain: \_\_\_\_\_

**Medical History Continued**

How many times have you been pregnant? \_\_\_\_\_ How many births?

How many children do you have?

Revised 1/06/09

Federal regulations (42CFR, Part 2) prohibits you from making any further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal regulation also restricts any use of the information to criminally investigate or prosecute the patient.

Date of Last menstrual cycle: \_\_\_\_\_

Sexually Active?  Yes  No

How many sexual partners? \_\_\_\_\_

Have you had unprotected sex? \_\_\_\_\_

Have you had unprotected sex with someone who was using? \_\_\_\_\_

Are you an injection drug user?  yes  no? When last use? \_\_\_\_\_

If yes, referred to physician for exam with \_\_\_\_\_ telephone: \_\_\_\_\_

**Parent/Guardian or Client**

**Developmental Milestones:**

Childbirth- Full Term \_\_\_\_\_yes \_\_\_\_\_no

Normal Weight \_\_\_\_\_yes \_\_\_\_\_no

Growth Milestones On Time \_\_\_\_\_yes \_\_\_\_\_no

Pre-birth exposure to drugs or alcohol (including tobacco) \_\_\_\_\_yes \_\_\_\_\_no what type: \_\_\_\_\_

Any major illnesses, injuries, hospitalizations \_\_\_\_\_yes \_\_\_\_\_no

Any re-occurring medical problems or infectious diseases, chronic health problems or disabilities \_\_\_\_\_yes \_\_\_\_\_no

If yes explain: \_\_\_\_\_

Is a family member/caregiver experiencing any medical issues?  Yes  No Explain: \_\_\_\_\_

Were there any problems/complications during mother's pregnancy, labor or birth? \_\_\_\_\_

Motor Development

\*Age: Sitting \_\_\_\_\_ Crawling \_\_\_\_\_ Walking \_\_\_\_\_

\*Age: Riding Trike/Bike \_\_\_\_\_

\*Any trouble throwing/catching a ball? Drawing or coloring?  y  n If yes, explain \_\_\_\_\_

\*Unusually Clumsy?  y  n if yes, explain \_\_\_\_\_

Social Adaptive Skills

\*Age: Toilet Trained (day, night)

\*Problems with enuresis or encopresis?  y  n if yes, explain \_\_\_\_\_

\*Age dressed self/tied shoe \_\_\_\_\_

\* Behavior, attention span, conduct, activity level (childhood)? \_\_\_\_\_

\* Peer relations (childhood)? \_\_\_\_\_

Speech and Language Development

\*Age: Babbling \_\_\_\_\_ Cooing \_\_\_\_\_

\*Age: Single words \_\_\_\_\_ Phrases \_\_\_\_\_

\*Age: Understands direction and converses \_\_\_\_\_

**Medical History Continued**

Temperament throughout development?  Easy  Difficult  Shy/slow to warm up  
Explain \_\_\_\_\_

Do you have problems with the following:

Eyes, ears, nose, throat \_\_\_\_\_yes \_\_\_\_\_no Last Eye Exam: \_\_\_\_\_

Skin Infections \_\_\_\_\_yes \_\_\_\_\_no

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**Any other medical conditions or concerns that you feel Rimrock Trails ATS needs to be aware of:**

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\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Admission Director**

\_\_\_\_\_  
**Date**

**Staff Notes**

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