



# Medical History Update Form

To be completed by the Physician

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 # \_\_\_\_\_