OKLAHOMA Human Services

Resource Parent Health History

This form is used to obtain complete and accurate information regarding the potential or current resource parent's health history and is completed by the: (1) resource applicant as a component of the application packet; or (2) resource parent during the annual update process.

Resource Information

Applicant or resource parent name

Have You Ever Been Treated For:

- ☐ alcohol abuse/alcoholism
- ☐ anxiety
- ☐ arthritis
- ☐ asthma, emphysema, or other respiratory illnesses
- ☐ autoimmune disease
- ☐ blindness, eye disease, or significant vision impairment
- ☐ blood disease
- ☐ cancer
- ☐ chronic pain
- ☐ chronic disease (heart, liver, kidney, lung)
- ☐ communicable disease
- ☐ convulsions or epilepsy
- ☐ depression
- ☐ diabetes
- ☐ drug use or abuse
- ☐ eating disorders
- ☐ hearing impairment
- ☐ heart disease
- ☐ kidney disease
- ☐ other substance use or abuse
- ☐ physical handicap, including birth defect or amputation
- ☐ recurrent headaches or migraines
- ☐ tuberculosis
- ☐ ulcers
- ☐ Other

Have You Ever:

- ☐ had surgery
- ☐ been hospitalized
- ☐ received psychological or psychiatric counseling or inpatient psychiatric treatment
- ☐ received family or marital counseling

Provide Information for any Box Checked

Condition	Dates	Treatment and results

List all Prescribed and Over-the-Counter Medications You Currently Take and the Related Condition

Medication	Dosage	Frequency	Related condition

Signature

Applicant or resource parent signature

Date