



## HEALTH CARE SUMMARY

(DO NOT COMPUTE THIS HEALTH CARE SOURCE)

Date of Enrollment \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_ Birth Date \_\_\_\_\_

ADDRESS \_\_\_\_\_ Telephone \_\_\_\_\_

PARENTS/GUARDIANS \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

How long have you been using this child? \_\_\_\_\_

Does this child have any allergies (including allergies to medications)? \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that results in an emergency? \_\_\_\_\_

What is the status of the child's ... Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Please list below the important health problems. Indicate if you or someone else is following the child for the problem, and check which problems require special attention at the center.

Important Health Problems	Followed By you	Followed by other Med. Source (Name)	Requires Special Attention at Center
_____	_____	_____	_____
_____	_____	_____	_____

Other information/helpful to the center \_\_\_\_\_

Source of Health Care \_\_\_\_\_ Association or Clinic \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_