

# Health Care Summary

(to be completed by health care source)

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

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parent(s) or Guardian(s) \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ How long have you been seeing this child? \_\_\_\_\_

How frequently do you see this child when he / she is not ill? \_\_\_\_\_

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

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

Is any condition present that might result 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.

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed by Other Med. Source (Name)</u>	<u>Requires Special Attention</u>
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Other information helpful to the preschool \_\_\_\_\_

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Source of health care

\_\_\_\_\_  
Associates of clinic

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_  
Address