

HEALTH CARE SUMMARY
(To be completed by health care source)



Date of enrollment: _____

NAME OF CHILD: _____ BIRTH DATE: _____

ADDRESS: _____ TELEPHONE: _____

PARENT/S OR GUARDIAN: _____

Date of last physical exam: _____ How long have you been seeing this child? _____

How frequently do you see this child when s/he is not ill? _____

Does the child have any allergies (including 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 at the center.

Important Health Problems	Followed By You	Followed by Other Med. Source (Name)	Requires Special Attention at Center
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Other information helpful to the child care center _____

Source of Health Care	Address	Phone
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Signature of Physician / Public Clinic Date