



## HEALTH CARE SUMMARY (to be completed by health care source)

NAME OF CHILD \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PARENT(S) OR GUARDIAN \_\_\_\_\_

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

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 attention at the center.

<u>Important Health Problems</u>	<u>Followed by You</u>	<u>Followed by other Med. Source (Name)</u>	<u>Requires Special Attention at Center</u>
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Other information helpful to a group care center \_\_\_\_\_

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Signature of Health Care Provider

Associates or Clinic

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