HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

•		Date of Enrollment:	
NAME OF CHILD		·	Birth Date
ADDRESS			Telephone
PARENT(S) OR GUARDIAN			
Date of last physical examination	Но	ow long have you been seeing	g this child?
How frequently do you see this child w	hen he/she is not	ill?	
Does this child have any allergies (inclu-	ding allergies to 11	nedications)?	
Is a modified diet necessary?			
Is any condition present that might resu	lt in an emergenc	y?	
What is the status of the child's	Vision	·····	
	Hearing _		·
	Speech		
Please list below the important health pro	oblems		
	Followed	Followed By Other	Requires Special
mportant Health Problems	By You	•	Attention at Center
		·	
Other information helpful to the child ca	re program		
		Phone	
gnature of Health Source		Address	
ate	Typing and the state of the sta	*************************	