

MEDICAL / MENTAL HEALTH SUMMARY

BASIC INFORMATION

Name – Child

Date – Last AODA Evaluation

Date – Last Mental Health Evaluation

Name – Primary Physician

Telephone Number – Primary Physician

Name – Primary Dentist

Telephone Number – Primary Dentist

Name – Primary Mental Health Provider

Telephone Number – Primary Mental Health Provider

Name – Health Insurance Company

Telephone Number – Health Insurance Company

Health Insurance Policy Number

Health Insurance Group Number

Health Insurance Subscriber

EMERGENCY CONTACT INFORMATION

Name – Emergency Contact Person

Relationship to Child

Telephone Number – Home

Telephone Number – Cell Phone

Telephone Number – Work

CHILD'S HEALTH CONCERNS

Health Concern

Name – Medical Provider / Clinic

Medical Provider / Clinic Type

Type of Service

Date – Service Started

Date – Service Ended

Procedure

Diagnosis

Medication

Psychotropic

Yes No

Date – Prescription Started

Date – Prescription Ended

Dose / Frequency

Length of Time Prescribed

Reason Prescribed or Discontinued

Notes / Comments

ABILITY / SPECIAL NEEDS

Learning Disability

Emotionally Disturbed

Other Medically Diagnosed Condition

Mental Retardation

Anxiety

Asthma

Physically Disabled

Attention Deficit Disorder

Congenital Malformation

Visually / Hearing Impaired

Attention Deficit Hyperactivity Disorder

Diabetes

Depression

Other

Reactive Attachment Disorder

Severe Emotional Disturbance

Seizure Disorder

CHRONIC / MEDICALLY COMPLEX CONDITIONS

Developmental Delay

Medically Complex Child

Medically Fragile Infant

Prematurity

Technology Dependent

Weight Concern

2407 (08/2007)

SUBSTANCE USE

<input type="checkbox"/> Alcohol Frequency:	<input type="checkbox"/> Drugs Frequency:	<input type="checkbox"/> Marijuana Frequency:	<input type="checkbox"/> Solvents Frequency:
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IMMUNIZATION INFORMATION

Immunization	Date(s) Administered
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GROWTH CHART MEASUREMENTS

Percentile of Child's Height	Percentile of Child's Weight	Percentile of Child's Head Circumference
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Date of Measurements	Age of Child
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