

Child's Name: _____ Date of Birth: _____

Diagnosis: _____

Allergies: _____

Medications: _____

Today's Date: _____ Form Completed By: _____

Please answer the following questions about your child's health and development so we can help with your needs.

Staff Only F/U	Health Questions	YES	SOME-TIMES	NO
	Medical Home: _____			
	1. Do you have a medical home (family doctor or clinic) that you go to when your child is sick or needs a check-up?			
	2. Does your child have regular check-ups with the medical home provider?			
	3. Are your child's immunizations up-to-date?			
	4. Do you feel that your child's general health is good?			
	5. Do you know when, how much, and why your child takes medications? (prescription and over-the-counter, like Tylenol)			
	6. Are you able to get the medications, therapy, supplies, and/or equipment your child needs?			
	7. Is your child learning to take care of some of his/her own needs?			
	8. Does your child spend time with other young people each week?			
	9. (0-3 years old) Is your child enrolled in First Steps? (4-15 years old) Does your child attend school regularly? (16-17 years old) Have you begun to plan for your child's future? (18-21 years old) Does your child have an assigned guardian?			

