



# Health Care Summary

(MUST BE COMPLETED BY CHILD'S PHYSICIAN)

Date of Enrollment \_\_\_\_\_

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parent(s) or Guardian \_\_\_\_\_

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

How frequently do you see this child when he/she is not ill? \_\_\_\_\_

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 list what problems require special 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>
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the group day care center \_\_\_\_\_

Source of Health Care (Dr. Signature) \_\_\_\_\_

Associate or Clinic \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_