

CHILD HEALTH RECORD:

FORM 1, GENERAL INFORMATION

CHILD'S NAME: _____ SEX: _____ BIRTHDATE: _____
 HEAD START CENTER: _____ PHONE: _____
 ADDRESS: _____
 NAME OF INTERVIEWER: _____ TITLE: _____

1. PERSON INTERVIEWED _____
 DATE _____, RELATIONSHIP TO CHILD _____
2. CHILD'S NICKNAME, IF ANY _____
3. CHILD'S ADDRESS *(Use pencil, keep current)*

 _____ Zip Code _____
 PHONE _____
4. FATHER'S NAME _____
5. MOTHER'S NAME _____
6. GUARDIAN'S NAME _____
7. CHILD IS USUALLY CARED FOR DURING THE DAY BY _____

 PHONE _____, RELATIONSHIP _____
8. LANGUAGE USUALLY SPOKEN AT HOME *(If more than one, place "1" by primary language):*
 _____ English _____ Spanish
 _____ Other _____
9. SOURCE OF REIMBURSEMENT OR SERVICES *(Circle "Yes" or "No" for each source. Use pencil, keep current)*
 YES NO EPSDT/Medicaid (Latest certification No.): _____
 YES NO Federal, State or Local Agency: _____
 YES NO In-Kind Provider: _____
 YES NO Other (3rd party): _____
 ID NO.: _____
 YES NO WIC _____
 YES NO Food Stamps _____
10. DATE OF CHILD'S LAST PHYSICAL EXAM _____
11. DATE OF LAST VISIT TO DENTIST _____

12. USUAL SOURCE OF HEALTH AND EMERGENCY CARE
(Name, address, and phone no.):
 Physician _____

 Clinic _____

 Hospital ER _____

 Other _____

 Dentist _____

13. IN CASE OF EMERGENCY NOTIFY
 (1) _____
 Relationship _____
 Phone _____ or _____
 (2) _____
 Relationship _____
 Phone _____ or _____
 (3) _____
 Relationship _____
 Phone _____ or _____

14. CONDITIONS WHICH COULD BE IMPORTANT IN AN EMERGENCY: *(Transfer from Form 2A)*
 Severe Asthma
 Diabetes
 Seizures, Convulsions
 Allergy, Bites _____
 Allergy, Medication _____
 Other _____

15. HOUSEHOLD INFORMATION *(Please complete for family and household members).*

	BIRTH DATE	LIVES WITH CHILD		FAMILY MEMBERS' HEALTH PROBLEMS
		YES	NO	
FATHER _____				
MOTHER _____				
BROTHERS & SISTERS <i>(oldest first)</i>				
(1) _____				
(2) _____				
(3) _____				
OTHER <i>(Specify relationship)</i>				
(1) _____				
(2) _____				
(3) _____				

(Use additional page if needed)

TO BE COMPLETED BY HEAD START STAFF DURING PARENT/GUARDIAN INTERVIEW.

INTERVIEWER: GO TO FORM 2A