

**HEALTH AND DEVELOPMENTAL HISTORY
(Second Year Enrollees)**

Child's Name (First, Last)	Birthday	Sex M/F
Parent/Guardian's Name (First, Last)	Parent/Guardian's Name (First, Last)	
Doctor's Name	Address/Clinic	Last Checkup Date
Dentist's Name	Address/Clinic	Last Exam Date
Do you need assistance with transportation to a medical and or a dental appointment?		

Is this child covered by:	
<p>o Medical Assistance ID No. _____ Copy <u>10 digit</u> MA# from <u>bottom</u> of Forward Card</p> <p>HMO: <input type="radio"/> Quartz <input type="radio"/> Dean <input type="radio"/> Physician's Plus <input type="radio"/> GHC <input type="radio"/> Straight <input type="radio"/> Benchmark <input type="radio"/> Unsure <input type="radio"/> Other (name): _____</p>	<p>o Private Medical Company: _____ Account #: _____ HMO, if any? <input type="radio"/> Quartz <input type="radio"/> Dean <input type="radio"/> Physician's Plus <input type="radio"/> GHC <input type="radio"/> Other _____</p> <p>o Private Dental Company: _____ Account #: _____ HMO, if any? <input type="radio"/> Quartz <input type="radio"/> Dean <input type="radio"/> Physician's Plus <input type="radio"/> GHC <input type="radio"/> Other _____</p>
<p>o Applying for Medical Assistance Date: _____</p>	

	Yes	No	Explain "Yes" Answer
Do you have any concerns now about your child's physical development and/or behavior?			
Has a medical provider/WIC mentioned a concern about your child's weight?			
Do you have any concerns now about your child's eating habits or nutritional status? Or height/weight?			
Does your child have any allergies? <i>(If yes, be sure noted on Health Condition Alert)</i>			
Has your child had any serious illnesses or health problems in this past year?			
Has your child had any shots since last school year? <i>(If yes, specify shot and where received)</i>			
When and why did your child last see a doctor?			
Does your child see any other <u>doctors</u> other than his/her primary care doctor?			
When and why did your child last see a dentist?			
Any other questions or concerns you have?			