



CHILD HEALTH INFORMATION

AGE BIRTH UP TO 20 YEARS

Please help your child's medical home provider by answering the following questions about your child's health. The information you provide will enable us to better serve your child's health care needs. **All information given in this form will be kept confidential and will not affect your child's benefits in any way.** After receiving this information your child's doctor or a Samaritan Select nurse case manager may contact you. If you have any questions, please contact us at (541) 768-6900 or 1-800-569-4616.

Child's Name: _____ Sex: ___ Male ___ Female

Address: _____

City: _____ State: _____ Zip: _____ - _____

Telephone Number: (_____) _____ Birth Date: _____ - _____ - _____ Age: _____

Height: _____ (feet) _____ (inches) Weight: _____ (lbs) Blood Pressure (if you know it): _____

Write the name of your child's medical home provider: _____

(1) My child's health is:

- a. Very good
- b. Good
- c. Not good

(2) My child's diet is:

- a. Very healthy
- b. Okay
- c. Unhealthy

(3) How physically active is your child?

- a. Very
- b. Somewhat
- c. Not at all

(4) Does your child wear sunscreen?

- a. Routinely
- b. Sometimes
- c. Never

(5) Has your child had all of his/her immunizations that he/she should have for their age?

- Yes No Unsure

(6) At this time, is your child taking any medications (prescription, non-prescription, herbal therapies, or natural remedies)?

- Yes No

If yes, please list:

Name _____

What for? _____

Name _____

What for? _____

Name _____

What for? _____

Name _____

What for? _____

Continue on separate page if needed.

(7) Is your child often around tobacco smoke (at home, in the car or at a babysitter's house)?

- Yes No

(8) Does your child have disabilities or special medical equipment needs (such as a wheelchair)?
 Yes No

If yes list: _____

(9) How many times has your child been admitted to a hospital in the past year? _____

For what: _____

(10) How many times has your child been to an Emergency Room and/or Urgent Care in the past year? _____

For what: _____

(11) How many times has your child seen his/her doctor in the past year? _____

(12) During the past six months have your child's school or social activities been limited due to a problem with their physical health?

Yes No

(13) Has your child ever had any of the following?

CHECK THE APPROPRIATE ANSWER	Currently	Past History	Never	Family History
Allergies				
Asthma				
Cancer List type:				
Depression				
Diabetes (high blood sugar) Circle: Type1 or Type 2				
Headaches List type:				
Heart problems List type:				
Kidney Disease List type:				
Lung problems List type:				
Seizures List type:				

Please list anything you wish to discuss with your child's physician:

Please list anything you wish to discuss with a nurse case manager:

I give authorization to release this information to Samaritan Select Health Plan and my child's medical home provider. I understand that this information is private and will not be shared with any other people. I understand that it will not affect the health insurance benefits of my child in any way.

 Print Name

 Signature

 Date

Thank you for filling out this questionnaire.