**Health Information Form**

**Promise Staff**

**Does you child have a Dental Home?** (continuous accessible dental care by a dentist)

Yes No

**Dentist/Dental Home is**

**Did your child receive preventive dental care?**

**Dental Coverage**

**Dental Coverage #**

**Does your child have a Medical Home?** (continuous accessible medical care by a doctor)

Yes No

**Doctor/Medical Home is?**

**Has your child received medical treatment for**: *circle one*

Anemia Asthma Hearing Dificultites Vision Problems High Lead Level Diabetes

Yes Yes Yes Yes Yes Yes

No No No No No No

**Critical Health Notes:**

(Chronic Condition)

**Allergy Problems**

Food or Environmental

If yes, please complete Nutrition Intake Form

**General Health Notes**

(Info a teacher will need to know)

**Is your child taking any medications every day?** If yes, please explain.

**Will medication be needed at school or socializations?** If yes, please explain

**Primary Health Coverage**

**Insurance #**

**Medicaid Eligibility**

**Medicaid #**

**Health Insurance Notes**

**Do you access WIC**? Yes No