



## Child Health Form Medical / Dental Home

Family name: \_\_\_\_\_

Child Health Information			
<b>Eligible child's name</b>			
<b>First Name</b>	<b>Last Name</b>	<b>D.O.B.</b>	
Medical Insurance Providers			
Insurance Type:	_____	Child Health Insurance Program (CHIPS)	
	_____	Medicare / Medicaid	
	_____	Private	
	_____	No Coverage	
Insurance Provider Name:	_____		
Policy Number:	_____		
Insurance Effective Date:	_____		
Primary Insurance:	_____ Yes	_____ No	_____ NA
Include Dental Coverage?	_____ Yes		_____ No
Medical and Dental Providers			
Current Medical Provider:	_____		
	_____		
	Phone: _____		
Current Dental Provider:	_____		
	_____		
	Phone _____		
Disabilities	Suspected	Identified	
<input type="checkbox"/> Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Emotional/Behavior disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health Impairment, Including deafness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Orthopedic impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech or language impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Traumatic brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Visual impairment, including blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>