



Annual Health Update

Child's Name: _____

1. Please list any changes in your child's health, development, dental and/or nutritional needs.

2. Please indicate the last date of your child's physical exam or visit with a physician.

| | | |
|-----------|---------------------------|--------------|
| _____ | _____ | _____ |
| Exam date | Parent/Guardian signature | Today's date |

3. Please indicate the last date of your child's dental exam.

| | | |
|-----------|---------------------------|--------------|
| _____ | _____ | _____ |
| Exam date | Parent/Guardian signature | Today's date |

4. Please list any changes to your health care provider, group/plan number and/or dental provider. If changes have been made, a new medical consent form must be filled out. (Write "none" if no changes have been made)

5. Please list any medication your child is currently taking (Write "none" if no medication is being taken).

6. Please list your preferred hospital

7. Does your child require any assistive devices such as glasses or hearing aids? If so, please list.
(Write "none if no devices are required)

8. Has your child had any major accidents or surgery? (Provide dates)

9. What illnesses has your child contracted within the past 12 months?

10. Does your child have any specific health problems the staff should be aware of?

11. What is your plan for your child's care during illness?