



Community Care Plan cares about making sure your child gets the best health care. This form helps your doctor and our nurses to know what your child needs.

This information is kept private. Answers will not deny your child's enrollment or affect the benefits in any way. Please return this questionnaire in the postage-paid, self-addressed envelope provided.

Should you need help filling out the form, call us at 1-866-930-0944 or TTY/TDD 1-855-655-5303 Monday to Friday from 7:30am to 7:30pm. You can also take this form with you to your next doctor's appointment.

Parent/Legal Guardian Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Child's Healthy Kids ID: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Male Female Transgender (circle one)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Y/N (circle one) Email: \_\_\_\_\_

Primary Care Physician (PCP) Name: \_\_\_\_\_ Phone # \_\_\_\_\_

1. When was your child's last well-child check up? \_\_\_\_\_

2. Child's Height and Weight? \_\_\_\_\_ Ft \_\_\_\_\_ In \_\_\_\_\_ Lbs.

3. Are your child's shots up to date?  Yes  No

4. If yes, where did your child receive their shots? \_\_\_\_\_

5. Has your child ever been diagnosed with or thought to have any of the following conditions?

**(Please Circle all that apply)**

- |  |                              |                                 |
|--|------------------------------|---------------------------------|
| Asthma/Breathing Problems  | Diabetes/Pre-Diabetes        | Heart Disease                   |
| Kidney/Urinary Problems  | Sickle Cell Disease or Trait | Hyper/Hypo-thyroidism           |
| Developmental Delay  | Neurological Problems        | High Blood Pressure             |
| Hemophilia   | Cancer                       | Bowel/Gastrointestinal Problems |
| Endocrine Problems (ie. Cushing's or Addison's Disease)                        | Orthopedic Problems          |                                 |
| Behavioral Problems (Attention Deficit Disorder with or without Hyperactivity) |                              |                                 |
| Psychological Problems (Depression, Anxiety, Eating Disorder, OCD, ODD)        |                              |                                 |

6. Is your child being treated for psychiatric or behavioral problems?  Yes  No

If yes, please explain \_\_\_\_\_

7. Are any of your child's health conditions getting worse?  Yes  No If yes, please explain

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8. Do you have any questions or need help managing your child's health? If so, please explain

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9. Do your child's medical problems get in the way of school or day care?  Yes  No

If yes, please explain: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_ School Nurse: \_\_\_\_\_

10. How many times has your child been to an ER in the past 12 months? \_\_\_\_\_

Reason (s)? \_\_\_\_\_

11. How many times has your child been admitted to a hospital in the past 12 months? \_\_\_\_\_

Reason (s)? \_\_\_\_\_

12. What medications does your child take? (List all medicines, including vitamins and OTC drugs)

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13. (Female Enrollees Only) Is your child pregnant?  Yes  No

a. If Yes, is she receiving pre-natal care?  Yes  No

b. What is the baby's expected due date? \_\_\_\_/\_\_\_\_/\_\_\_\_

14. Do you have any questions about your child's medications?  Yes  No

15. Is your child under the care of a home health agency?  Yes  No

16. Is your child receiving Speech, Physical or Occupational therapy? (circle all that apply)

17. Does your child use any tobacco or electronic cigarettes?  Yes  No

18. Are you concerned about your child's weight?  Yes  No

19. Is your child physically active?  Yes  No

20. Does your child have access to a pool?  Yes  No

a. If Yes, is the pool fenced?  Yes  No

21. Does your child know how to swim?  Yes  No

22. Are you interested in learning more about how to help your child lose weight, stop smoking or water safety? If yes, which one (s) \_\_\_\_\_

***Thank you for completing this form***