

MIECHV Child Health Form

◆ Timeframe: Intake Update

◆ Home Visitor: _____

◆ Agency ID: _____ ◆ Date Completed: _____

Participant ID#: _____ ◆ Time spent on form: _____ (min.)

Completed with caregiver at intake or birth (if newborn) and updated every 6 months

◆ Child's First Name: _____

◆ Child's Last Name: _____

In order to provide you and your family with the most appropriate care and track your progress over time, I'm going to ask you some questions about your child's health history.

Birth measurements: Weight: _____ lbs. Length: _____ in. WIC Self-report

Current measurements: Weight: _____ lbs. Height (or length): _____ in. Measurement source: Doctor Other

Any current acute or chronic medical conditions:

No Yes → Describe: _____

◆ **Smokers in the home:** No Yes → Mother Father Grandparent Other: _____

◆ **Well child visits attended:** (as appropriate for child's age)

1 week 1 month 2 month 4 month 6 month 9 month 12 month

15 month 18 month 24 month 30 month 3 year 4 year 5 year

◆ **Up-to-date on immunizations:** (child has had all of his or her shots)

Yes No → Reason: Religious belief Personal Missed appointments

Catch-up schedule Other: _____

It can be helpful to have a relationship with a medical provider who knows our history and can meet our medical needs. People refer to this as a medical home or a primary care provider. Does your child have a...

◆ **Primary health care provider:**

Yes Name: _____

No Reason: _____

Dentist:

Yes Name: _____

No Reason: _____

Having health insurance can be helpful when accessing medical care. What is your child's...

◆ **Health insurance status:**

Medicaid Medicare SCHIP/CHIP Tri-Care CHAMPVA Private Other _____

None → Reason no insurance: _____

◆ **In the past 6 months, child used emergency services (ER) for injury or ingestion (eating or swallowing something):**

No Yes → Number of visits: _____

Date of visit: _____ Reason for visit: _____

Date of visit: _____ Reason for visit: _____

◆ **In the past 6 months, child used emergency services (ER) for any other reason:**

No Yes → Number of visits: _____

Date of visit: _____ Reason for visit: _____

Date of visit: _____ Reason for visit: _____

◆ **In past 6 months, child was admitted to hospital:**

No Yes → Dates of admission: _____ Reason: _____

BREASTFEEDING: Complete with biological mother of child less than 12 months old. If mother not available, skip section.

Biological mother not available

◆ **Child is currently breastfed** Yes No → ◆ **Was child ever breastfed:** No Yes → Stopped BF at: _____ months

Reason breastfeeding stopped or chose not to breastfeed:

Return to work Time Preferred formula Age of child Lack of support No breast milk Child stopped

Using donor milk → Donor source: _____ Other: _____

CHILD ABUSE AND NEGLECT: Home Visitor completes section.

Referral of abuse and neglect by another person:

No Yes → Referral made by: _____ Date: _____

Reason for referral: _____

NOTES

Next Child Health Form due:

Revised 06/2015