

# Health Information Summary Sheet

**PATIENT NAME:**

**DATE OF BIRTH:**

## Important Information About My Child/Our Family

- 1) Child's strengths and capabilities
- 2) Child communication preferences (e.g. speech, sign language, communication devices)
- 3) Caregiver communication preferences (e.g. preferred language, email, phone call)
- 4) Other (e.g. culture, religion, financial, current family stressors, custody)



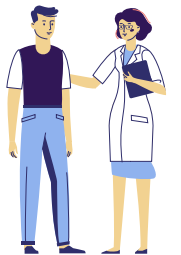
## What We Need Help With Now

- 5) Medical concerns/new symptoms
- 6) Behavioral concerns
- 7) Nutritional or feeding concerns
- 8) Other concerns
- 9) Referrals/resources
- 10) Questions to ask provider during appointment



## General Health Information

- 11) Diagnoses (including physical and mental health conditions)
- 12) Major hospitalizations/surgeries
- 13) Allergies or adverse reactions
- 14) Current medications/treatments/therapies
- 15) Primary care provider/pediatrician
- 16) Other current providers
- 17) Equipment used (e.g. wheelchair, G-tube, suction machine)
- 18) Educational history and supports



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# Health Information Summary Sheet - Notes

## Important Information About My Child/Our Family

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## What We Need Help With Now

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## General Health Information

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