

Health History Form Instructions

The Health History Form is designed to provide the child's medical home with valuable health history and background information that may be difficult for medical home providers to obtain (especially if the child has not been seen recently or at all by the medical home). This information is needed in order to develop the best treatment plan to address the child's physical, behavioral, and oral health needs. Some of the information requested on this form may be obtained via the CCNC Provider Portal; other elements will require communication with biological parents. Medical providers recognize that some of the information requested may not be obtainable.

Who completes: The child's foster care social worker or someone assigned to their duties.

When completed: The form should be an ongoing effort from the time custody is taken to a week prior to the 30 day comprehensive medical visit.

- I. **Contact Information:** This section is requesting the name, phone numbers, email, fax numbers, etc. for the child's foster care social worker, CC4C/CCNC network contact, Guardian ad Litem. Also provide the insurance for the child as well as all medical/dental/specialist the child has been or is currently seeing. Sources for this information include the birth parent, CCNC provider portal, the assessment and/or in-home records.
- II. **Current Placement Information:** The date of entry is the date that DSS was given custody of the child. Total number of lifetime placements includes the placements prior to foster care and any other period of foster care if this is a re-entry. In responding to the information regarding who is currently in the placement home, please ensure the privacy of other foster children. Answers can be 17 year old male, 3 year old female, foster parent's 10 year old son, etc. In responding to restrictions or safety concerns about the biological parents be sure to note if the parents are required to be supervised when visiting/seeing child. Sources for this should be information currently known to the foster care worker.
- III. **Medical and Dental History/Concerns:** Be sure to include everything known at this time, especially any allergies including food, animals, and seasonal as well as drug allergies. Sources of information may include the birth parents, CCNC provider portal, the assessment and/or in-home records.
- IV. **Current Medications:** It is very important to include everything known at this time, especially anything that the child may need a refill on in the near future. Sources of information for this include the birth parent, Health Summary-Initial Visit (DSS-5206), CCNC provider portal.
- V. **Developmental, Behavioral, Mental Health, and Substance Abuse History:** Please include all information known at this time. Be sure to include the phone number for school or child care facility in the table. Sources of information include the assessment and/or in-home record, court documents, CCNC provider portal, birth parents, etc.

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- VI. Family Health & Birth History:** Household composition can be generic such as mom, mom's boyfriend, older sister, younger brother, maternal grandmother. Be sure to include any information known at this time about the family's history. Identifying the child's birth hospital is important. Sources of information are birth parents, grandparents, CCNC provider portal, medical records, etc.

- VII. Attachments:** Please include any attachments with this form when it is faxed to the provider one week in advance of the 30 day comprehensive visit.