



2.3 Child's Preadmission Health History LIC 702 Instruction Sheet



PURPOSE STATEMENT

The purpose of the Child's Pre-Admission Health History – Parent's Report (LIC 702) form is to gather information from the parent/guardian that will assist staff in identifying and assessing children's health needs and development that might require special accommodations at school.

TIMELINE

This form is completed during enrollment for first year enrollees only

STAFF RESPONSIBLE

Family Service Advocate, Home Visitor, Early Head Start Teacher, Family Services Supervisor, Site Supervisor/Assistant Site Supervisor

INSTRUCTIONS

This form is completed through an interview process with the parent(s)/legal guardian(s) and **is not to be given to the parents to complete themselves**. Parent/guardians should answer the questions to the best of their knowledge.

If the parent/guardian does not know the answer to some or any of these questions, write "unknown to parent/guardian" on top of the form or next to the specific question. Ask parent/guardian to sign the form, even if no questions were answered on the form.

Complete all information:

Child & Family Information

- Answer all questions about the child and the parent/guardian.
- Fill in both parents' names (ex. mother and father) and guardians even if they do not live in the home with the child.
- Indicate whether the parent/guardians listed live at home with the child.
- "Is/has child been under regular supervision of a physician?"
 - Write "Yes" if child has a medical home and sees his/her physician on a regular basis.
 - Write "No" if child does not have a medical home and has not been seen by a physician in more than a year. Provide a referral to the family for a doctor or clinic.
- Fill in the date of the last physical/medical examination.



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Developmental History

- Have the parent/guardian answer questions to the best of their knowledge. If the parent/guardian does not remember, estimate the approximate age in months when these activities were accomplished. If parent/guardian does not know, write "unknown to parent/guardian."

Past Illnesses – Check illnesses that child has had and specify approximate dates of illnesses.

- If none, write "N/A" in the column under "Dates."
- Answer all of the questions related to any of the illnesses.

Daily Routines

- Have the parent/guardian answer the questions to the best of their knowledge. If parent/guardian does not remember or does not know, write "does not know." Do not leave the questions blank.

Signature

- Have the parent/guardian sign and date the form.

If the parent/guardian expresses a concern in any of the areas on the questionnaire, follow-up is required. Ask the parent/guardian for more details to determine the appropriate action needed.