



## Child Health Check-Up Initial Comprehensive Health and Developmental History Form

PLEASE PRINT

### PERSONAL

NAME (Last) (First)		ID	DATE
DATE OF BIRTH	AGE	ACCOMPANIED BY	RELATIONSHIP

### COMPREHENSIVE HEALTH AND DEVELOPMENTAL HISTORY *(including physical and behavioral health development)*

ALLERGIES	None
CURRENT AND RELEVANT PAST MEDICATIONS	None
RELEVANT GROWTH AND DEVELOPMENT STATUS	WNL
MENTAL HEALTH STATUS*	Normal for age
SIGNIFICANT ILLNESSES	None
HOSPITALIZATIONS AND SURGERIES	None
RELEVANT FAMILY HISTORY	None

\* Providers based on medical discretion may use the Behavioral Health & Developmental Screening Form to determine the child's behavioral health status. If the child has a positive response to any of the questions on the tool, the child should be referred for further evaluation. See Appendix E in the Child Health Check-Up Coverage and Limitations Handbook for the Behavioral Health & Developmental Screening Form. Providers may photocopy this tool for their use.