



Family Screening Profile

Child's Name:			Date of Birth:		
_____	_____	_____	____/	____/	____
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
Birth Place:					
<i>City</i>	<i>State</i>	<i>County</i>	<i>Other:</i>		
Home Address:			Residing School District:		
_____	_____	_____	_____		
<i>Street Address</i>	<i>City</i>	<i>Zip Code</i>			

Medical Information		Notes:
1. Has your child or anyone in your household been tested for COVID-19 within the last 14 days?		Additional Information:
2. Does your child have any allergies to food?		Additional information:
3. Does your child have any allergies to medications?		Additional information:
4. Does your child have any other types of allergies?		Additional information:
5. Is your child currently under a physician's care for anything other than general wellness physicals?		Additional information:
6. Does your child have any other conditions that we should know about?		Description:
7. Has your child taken medicine in the last 24 hours?		
8. Do you have concerns about your child's health?		
9. Has your child ever been hospitalized?		
10. Has your child ever had a serious injury?		
11. Has your child had seizures or fainting spells?		
12. Has your child experienced lead poisoning?		Level:
13. Has your child had a chronic illness?		
14. Has your child ever been evaluated for ADD /ADHD?		
15. Was your child full term?		
Birth weight:	Birth length:	Please describe any complications during pregnancy or the birth of your child:



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General Information		
Did an agency refer you to screening or our program? Examples: CFC (Child & Family Connections) FHN Parent Enrichment Program FHN Pediatric Rehab DCFS (Department of Children & Family Services) WIC Program Local Health Department Child's Physician		If so please list agency and date of services if applicable:
Does your child currently attend a preschool program (public or private)?		
Does anyone in your family have a history of drug or alcohol abuse?		
Does your family have a history of physical violence?		
Has your child ever lived outside the home for an extended time?		
Does any household member have any serious illness or handicap?		
Have any of your child's siblings had difficulty in school?		
Did either of your child's parents have difficulty in school?		
Does your child currently have a chance to play with others his/her own age?		<div style="display: flex; justify-content: space-between;"> Daycare Playgroups </div> <div style="display: flex; justify-content: space-between;"> Relatives Church </div> <p>Other:</p>
Has your family recently experienced <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Moving Unemployment </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Adoption Restraining Order </div>		Other/ Additional Information:

Are you currently receiving: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Medicaid/ ALL Kids WIC </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Childcare Subsidy Payments TANF </div> <div style="margin-top: 10px;">LINK/SNAP</div>	Other Assistance or Support?
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