



*"Where Every Moment is a Tender Time"*

## HEALTH CARE SUMMARY

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_  
Child's Address \_\_\_\_\_  
Parents or Guardians \_\_\_\_\_  
Due Back to Tender Time on \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BY HEALTH CARE SOURCE!**

How long have you been seeing this child? \_\_\_\_\_

DATE OF LAST PHYSICAL EXAMINATION \_\_\_\_\_

How frequently do you see this child when he/she is not ill? \_\_\_\_\_

Does this child have any allergies (including allergies to medications)? \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that might result in an emergency? \_\_\_\_\_

What is the status of the child's...

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

**Please List Below Any Important Health Problems:**

\_\_\_\_\_  
\_\_\_\_\_

Followed by you: \_\_\_\_\_

Followed by Other Med Source (Name): \_\_\_\_\_

Requires Special Attention at Tender Time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other information helpful for Tender Time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Health Care Source** \_\_\_\_\_

**Date** \_\_\_\_\_

Kmc/Enrollment/Health Care Summary