

UMATILLA-MORROW HEAD START-HEALTH COMPONENT
APPOINTMENTS AND TRACKING

Child's Name on Medical Card Pedro Estevan Date 7/15/09

DOB 8/22/05 Classroom _____

Nutrition Assessment Appointment Date 8/29/09

Well Child Appointment Date will schedule
Medical (Home) Clinic _____

Dental Appointment Date will schedule
Dental (Home) Clinic _____

Child has visible decay _____ Yes _____ No

Health Insurance Yes _____ No

Date Applying for Insurance Just approved for OHP - waiting for providers to be assigned

Possible Voucher Needed _____ Yes No

Hearing and Vision Concerns _____ Yes _____ No

Immunizations Up to Date Yes _____ No

Protocol Required _____ Yes _____ No

Completed _____ Yes _____ No

Asthma Seizure Allergy Food Substitution Other _____

Notes: Parent will call and make appt as soon as providers are assigned.

Family Advocate/CFA Signature Janet Reed FA

Health Staff Signature Joan Little HRS