

SCHOOL DISTRICT _____
Health Services
HEALTH ASSESSMENT & MEDICAL REVIEW
Initial Health Assessment/ Health Reevaluation (Choose one)

Name of Student:

Birth Date:

Address:

Phone:

Parent(s) Names:

School:

Grade:

Teacher:

Date of Assessment:

Assessment Conducted By:

Informant:

Other sources of information:

Interpreter (if applicable):

Student Household

Members of Household	Age	Relationship to Student	Occupation/School
List all persons living in the student's household including the student			

Other Family Members (siblings, parents) not residing in the household:

School Attendance

School(s) attended, when, general performance/grades, absences, concerns

Referral and Assessment Concerns

Reason for Assessment: Describe the reason such as "initial evaluation of student's possible educational needs", "reevaluation of student's educational needs", evaluation of possible speech and language needs", "evaluation of possible health needs in the educational setting"

Parent Perspective: This is the parent or guardian's perception of how they feel their student is doing in school and what they believe is their primary concern for their student. Simply ask them

how they feel their child is doing in school and what their primary concern is for their child. This response may be different than what is thought by the team, or there may be health concerns that are brought to your attention and that can be addressed through advocacy or provision of resources on your part. This also focuses the interview on the needs of the parent and student.

Student Perspective: If the student is part of the interview, ask them how they like school and how they feel they are doing. If the parent is being interviewed, ask them how they believe their student likes school.

Developmental History

Prenatal History: Ask as much as possible about the pregnancy, as sometimes the parent does not consider various complications as such since they perceive there were none.

Number of pregnancies: **Full term:** **Premature:** **Stillborn:** **Incomplete:**

Overall health of the mother during the pregnancy: Generally describe by the parent's accounting if the health was excellent, good, fair, or poor. Interview to find out about infections, preterm contractions, preeclampsia, gestational diabetes, bleeding, etc.—if so when in the pregnancy, were there any activity restrictions and if so, was it modified or complete bedrest. Did the mother require hospitalization and if so, for what reason? How long were there concerns or complications? Were there any chronic health conditions such as endocrine, cardiac, or neurological? Were there any illnesses during the pregnancy? Any physical disabilities or other conditions?

Mother's use of medication during the pregnancy: prenatal vitamins, other supplements, other drugs needed and if so, for how long?

Mother's use of illicit medications, smoking, alcohol: Describe amounts and time frames, or "none reported"

Suspected maternal exposure to diseases or toxins: Describe any potential exposure to any communicable diseases or toxins, poisons during the pregnancy. If none, then report "none known".

Birth History:

Birth order: _____ out of _____ . **Birth weight:**

Apgar scores if known: _____ at 1 minute _____ at 5 minutes

Delivery type: _____ cephalic _____ cesarean section

Description of the labor and delivery: Document any information helpful such as length of labor, delivery assistance such as forceps or vacuum, malpositioning, arrest of labor, use of epidural, how long the membranes were ruptured, fetal heart rate or monitoring changes, cord pressure or prolapse, unusual bleeding, general descriptors provided by the parent or guardian.

Condition of infant following the birth: Describe in general terms such as excellent, good, fair, poor. Document any descriptors provided such as infant was monitored, was jaundiced, had

a possible infection, needed oxygen, went to neonatal intensive care, needed IV antibiotics, needed tube feedings, needed to remain hospitalized and for what reason. Describe feeding abilities and if breast or bottle fed.

Infant discharged from hospital ___ days following birth, ___ with ___ without mother

Development:

Special medical or developmental services needed in the 1st three years of life: Describe home care services, equipment, medications, specialists, testing, or 0-3 services such as speech, OT, PT, or developmental therapy. If none, then “none reported”.

Achievement of developmental milestones (age): Also describe any changes in development such as having speech or physical abilities and then a regression or loss of those milestones, or interruptions in development. Describe intelligibility of speech.

Sat unsupported:

Cruised along furniture:

Spoke single words:

Toilet trained day:

Crawled: also note if student never crawled

Walked alone:

Spoke in simple sentences (2-3 word sequences)

Toilet trained night:

Current development: Describe what self care skills student may currently possess and compare to what is known to be within range for typically developing peers. Examples at early ages are: drinks from an open cup, uses spoon, fork, knife, dresses self, undresses self, bathes self, shampoos self, zips, ties, uses snaps, uses Velcro, brushes own teeth. Older children should be fairly independent with self care skills and be helping with some simple household chores. Some parents will begin to describe student’s sensory needs such as preferences for certain types of fabrics, clothing, foods, habits, etc. or avoidances of certain activities, items, foods, routines. Parents may describe typical development followed by loss of function and interaction with others. Describe how the child plays and interacts with others.

Parent’s perception of student’s motor skills: Ask parent to describe what behaviors lead them to believe their student’s skills are above/ same/below those of peers.

Fine motor skills ___above ___same as ___below abilities of typically developing peers

Large/gross motor skills ___above ___same as ___below abilities of typically developing peers.

Typical activities: Describe what activities the student like at home such as hobbies, sports, interests, formal lessons, informal play, peer activity, preferred activities, family activities he/she enjoys.

Review of Systems: Current or Past Health Describe in as much detail as possible, additional questions may need to be asked to illicit information. Use the back of these pages to record data if more space is needed. If student is being followed by specialists, mention the name and

location of those providers, how often the student sees the specialist, last known appointment, and next scheduled appointment within the corresponding system review. You may also include any physical assessments that you perform.

Allergies: Describe in detail, 1st onset of symptoms, description of symptoms, treatment, any subsequent symptoms or exposures, medical care for allergies. Also include any suspected allergies and when the symptoms are present.

Respiratory/asthma: If any present, describe onset, treatments, medical care, past, current status.

Skin: include mention of birth marks, scars.

Oral/Motor:

Ears/nose/throat: Ask also if the student snores during sleep. If hx of ear infections, find out 1st onset, frequency annually, treatments, medical follow up, use of antibiotics, chronic ear fluid history, cerumen problems, etc.

Heart/blood: Include anemias, genetic disorders, congenital conditions/heart murmurs.

Stomach/bowel: Parents may wish to discuss bowel habits or routines here. This section pertains to abnormalities or difficulties.

Kidney/genitor-urinary:

Neurological: Include parent's perception of student's ability to pay attention, headaches, dizziness, fainting spells, seizures, sensory concerns, weakness, tics/tremors.

Endocrine:

Musculoskeletal/Orthopedic (is different from general developmental descriptors above):

Other:

General Health

Vision Screening: Last screening or exam results, type of screening instrument used. If a prescription for glasses or eye patching was made, specify when treatment is to be used and for how long. Glasses for constant wear, may remove for recess/PE, constant wear, classroom use only, etc. Patching – specify which eye and length of time for treatment each day. Specify any recommended follow up mentioned in an eye exam report.

Hearing Screening: Last screening or audiological evaluation results, type of screening instrument used. Specify all findings of an audiological evaluation, and any recommended follow up mentioned in the report.

Primary Care: Record the student's primary care provider, location (city), last appointment, last physical examination, next appointment if known. Also record student's third party payor (Medicaid, AllKids, PPO, HIM, etc). Date of last physical exam and if vaccines are current.

Dental Care: Record the student's primary care dentist, location (city), last appointment, last physical examination, next appointment if known. If possible obtain a copy of the last dental examination and record results.

Nutrition: Describe general eating habits, meals, snacks, portions. Ask about appetite. Collect a basic diet recall: what types of meats does the student eat, vegetables, fruits, dairy, starches. This is an area that commonly generates discussion with the parent. Parent may need to be counseled to check with primary care provider about nutritional supplements, multivitamins. Or many times the parent describes the student as a picky eater, however the diet recall demonstrates the student is eating a fairly well rounded diet.

Sleep Habits: Ask about time going to bed, how long it takes student to fall asleep after getting to bed, if and when and for how long he/she may awaken during the night, when student awakens each morning. Record if the student naps, if so when and for how long. This area also generates a lot of opportunity for discussion and wellness counseling. Assess the number of hours of uninterrupted sleep and if it is appropriate for age.

General Behavior: Describe parent's discipline concerns, general behaviors, ability to follow rules, how the student treats others in and outside the home, how well he or she plays with others, whether student prefers to play alone or with others.

Environmental Assessment: Describe the home, its adequacy for the number of occupants, storage of food, sleeping needs, etc. Also, describe the neighborhood and its potential impact on the health and well-being of the student and family.

Medications Taken:

<u>Medication Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Reason for Taking</u>
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Personal Health History

Illnesses: Describe any noteworthy illnesses, date/age of occurrence; outcomes (resolved with/without complications).

Hospitalizations: Describe any hospitalizations, date/age of occurrence, reason for hospitalization, length of stay, treatments, services rendered, and outcomes.

Surgeries: Describe any surgeries, if inpatient or outpatient, outcomes.

Accidents/Injuries: Describe any accidents or injuries, date/age of occurrence, how accident/injury occurred, if student required a visit to the ER or doctor, treatments or services rendered, outcomes.

Family Health: List names, ages of relatives in family such as biological parents, grandparents, aunts, uncles, cousins, siblings, the health condition, special needs, and current general health of the relative. Examples may be speech and language delays, developmental delays, AD/HD, mood disorders, psychological conditions, cardiac, neurological, cancers, asthma, etc.

Referral/Resource/Access to Care Needs

Additional Notes