

Healthy Families New York/Home Visiting Program Target Child's Medical Information

Each time the target child receives an immunization, well-baby visit, or lead assessment/screening it should be entered on this form. Complete this form only for the target child and not for any other children in the household. In the case of multiple births complete one form for each of the target children.

1. Primary Caretaker 1's Identifier				2. Home Visitor's Name				
□	□	□	□	□	□	□	□	
Last Name (3 let)			FI	Birth Date (Month/Day/Yr)		Date of Intake (Month/Day/Yr)		
3. Target Child's Name				4. Target Child's Birth Date		4a. Target Child Social Security Number		
□	□	□	□	□	□	□	□	
First			Last		Month		Day	
Year		□		-	□	-	□	
□		□	□	□	□	□	□	

5. Target Child's Immunization Status

Immunization	Date Received (MM/DD/YY)	Suggested Schedule*	Initials of Data Entry Operator
Diphtheria Tetanus Pertussis (DTP)		2 months	
		4 months	
		6 months	
		15-18 months	
		4-6 years	
Haemophilus Influenza B (HIB)		2 months	
		4 months	
		6 months	
		12-15 months	
Polio		2 months	
		4 months	
		6-18 months	
		4-6 years	
Measles-Mumps-Rubella (MMR)		12-15 months	
		4-6 years	
Hepatitis B (HEP)		Birth-2 months	
		1-4 months	
		6-18 months	
**Varicella-zoster (Chicken Pox) <input type="checkbox"/>		12-18 months	

*Based on NY recommended childhood vaccination schedule, endorsed by NYS and NYC Departments of Health.

**Check here if target child has had chicken pox and will not receive vaccine.

Primary Caretaker 1's Identifier	Target Child's Name																														
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Last Name (3 let)	FI	Birth Date (Month/Day/Yr)				Date of Intake (Month/Day/Yr)																									
First	Last																														

6. Child Health Check-ups

Date Received	Initials of Data Entry Operator

Suggested Schedule	NOTE: A well-baby check up includes checking the following:
2-4 weeks	<ul style="list-style-type: none"> height weight blood pressure hearing sight developmental appraisal dental care assessment nutritional assessment
2-3 months	
4-5 months	
6-7 months	
9-10 months	
12-13 months	
14-15 months	
16-19 months	
23-25 months	
3 years	
4 years	
5 years	

Extra Check-up
Extra Check-up
Extra Check-up
Extra Check-up
Extra Check-up

Primary Caretaker 1's Identifier	Target Child's Name
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> </div> <div style="text-align: center;"> <input type="text"/> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Last Name (3 let) FI Birth Date (Month/Day/Yr) Date of Intake (Month/Day/Yr) </div>	<div style="display: flex; justify-content: space-between; font-size: small; margin-top: 20px;"> First Last </div>

7. Lead Assessment

(Home visitors should ask the risk assessment questions of the primary caretaker on the suggested schedule and record the date below. If the primary caretaker answers "yes" to any of the questions, the home visitors should tell the primary caretaker to bring this to the attention of the pediatrician or might want to call the physician directly to inform him/her of the result.)

Date Assessed (MM/DD/YY)	Assessed Positive or Negative	Suggested Schedule	Initials of Data Entry Operator	Risk Assessment Questions
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	6 months		<p>Does your child:</p> <p>1. Live in or regularly visit a house with peeling or chipping paint built before 1978? This could include a day care center, preschool, the home of a babysitter or relative, etc.</p> <p>2. Live in or regularly visit a house built before 1978 with recent, ongoing or planned renovation or remodeling?</p> <p>3. Have a brother or sister, housemate, or playmate being followed or treated for lead poisoning ?</p> <p>4. Frequently come into contact with an adult whose job or hobby involves exposure to lead? Examples are construction, welding, pottery, or other trades practiced in your community?</p> <p>5. Live near an active lead smelter, battery recycling plant, or other industry likely to release lead?</p> <p>6. Live near a heavily traveled major highway where soil and dust may be contaminated with lead?</p> <p>7. Has your family/child ever lived outside the United States or recently arrived from a foreign country?</p> <p><i>If the answer to any of the above questions is YES, then the child is considered to be at risk of high dose lead exposure and should be screened with a blood test by his/her medical provider.</i></p>
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	1 year		
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	2 years		
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	3 years		
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	4 years		
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	5 years		
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	additional assessment		

8. Lead Screening (Blood Test)

Date Screened (MM/DD/YY)	Lead Level	NYS DOH Regulation	Initials of Data Entry Operator
	<input type="checkbox"/> Negative (below 10 mcg/dL) <input type="checkbox"/> Positive (10 mcg/dL and above)	1 year	
	<input type="checkbox"/> Negative (below 10 mcg/dL) <input type="checkbox"/> Positive (10 mcg/dL and above)	2 years	

