

Sign Off

About the Child

Education and Work

Medical History

Review and Send

Name: **Frank Doe**
SSN: **xxx-xx-4179**



Medical History: Additional Sources of Testing or Examination

Has Frank Doe been **tested or examined** by any of the following?

Headstart (Title V) Yes No I don't know

Public or Community Health Department Yes No I don't know

Child Welfare or Social Service Agency Yes No I don't know

Women, Infants and Children (WIC) Program Yes No I don't know

Program for Children with Special Health Care Needs Yes No I don't know

Mental Health/Mental Retardation Center Yes No I don't know

Early Intervention Services Yes No I don't know

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Name: Frank Doe
SSN: xxx-xx-4179



Medical History: About Frank Doe's Testing at a Mental Health or Mental Retardation Center

Please fill in as much information as you can so that we may obtain Frank Doe's complete records. The Mental Health or Mental Retardation Center may have important information to help Frank Doe's case, and they may also help us find other medical records.

Name of Mental Health or Mental Retardation Center:

If you don't know the exact name, tell us as closely as you remember.

Example: Bay County Association for Retarded Citizens

Address:

If you don't have the full street address, give us as much as you can, and be sure to include the city and state. Please do NOT use punctuation; for example, no periods or commas.
Example: "On Main St next to the Courthouse"

(Street Address 1)

(Street Address 2)

(Street Address 3)

(City, State, ZIP)

Phone Number:

Extension:

File or Record Number:

Tests at this Mental Health or Mental Retardation Center:

Please list all types of tests Frank Doe had at this Mental Health or Mental Retardation Center. If you cannot remember the exact dates, be as specific as possible. Grades are OK if you cannot remember exact dates.
Examples: 06/02/2010; 06/10; June 2010; Summer 2010; 3rd grade.

Test 1:

Test type:

Date:

Examples: vision test, hearing test, motor skills test

Test 2:

Test type:

Date:

Test 3:

Test type:

Date:

Test 4:

Test type:

Date:

Check here if you want to add another Mental Health or Mental Retardation Center where Frank Doe was tested.

Delete this Program

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Name: Frank Doe SSN: xxx-xx-4179 Summary of Frank Doe's Medical History

Please review the information you gave us and make sure it is correct and as complete as possible. To go back to any item in the list, select Edit. If you have not been able to find all of the requested information about the child's medical history, you can still send in the report. When we receive it, we will try to help you find any missing information. Note: To save space, this summary shows only the first 100 characters of the descriptions you gave us on the prior pages. However, everything you told us will be included in this report when you transmit it to Social Security.

Table with columns for doctor name (e.g., About Dr. Jose Morra), edit link, description, and address (e.g., Baltimore, MD 21202).

About Frank Doe's Hospitals and Clinics

Table with columns for hospital/clinic name (e.g., About City General), edit link, description, and address (e.g., 123 Main ST, Baltimore, MD 21202).

About Frank Doe's Medicines

Table with columns for medicine name (e.g., About Aspirin), edit link, reason for use, side effects, and prescription status.

About Frank Doe's Medical Tests

Table with columns for test name (e.g., About Biopsy), edit link, description, and date.

About Frank Doe's Additional Tests and Examinations

Table with columns for test/examination name (e.g., About Testing at Headstart), edit link, description, and address.

About Frank Doe's Other Medical Records

Table with columns for record name (e.g., About Medical Records at Another Place), edit link, description, and address.