CHILD HEALTH CARE ASSOCIATES ANNUAL UPDATE (Rev 3/2025)

Child's Name_____ Date of Birth_____ Today's Date_____
Name of person filling out this form _____Relationship to Child_____
Primary Phone #: _____ Cell # for Text Message Reminder: _____
Email Address: _____
List any siblings (& DOB) living in the same household: _____

Parent #1 Name_____ Date of Birth_____
Address: _____ Billing address? Y ☐ N ☐ Employer_____
_____ Occupation_____
Cell Phone # _____

Parent #2 Name_____ Date of Birth_____
Address: _____Billing address? Y ☐ N ☐ Employer_____
(if different from above) _____ Occupation_____
Cell Phone # _____
Pharmacy if you need a prescription today_____
Race: ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian
☐ Middle Eastern or North African ☐ Other_____ ☐ Declined to specify
Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Declined to Specify

For patients ages 17yrs+: Gender Identity_____ Sexual Orientation _____

Preferred Language: ☐ English ☐ Spanish ☐ Declined to specify ☐ Other_____

Parents are: (circle one) MARRIED UNMARRIED DIVORCED SEPARATED OTHER_____

If parents are living in separate households, who has primary custody? _____

Emergency Contact Name: _____ Phone#_____
(person not living with you)

Allergies: _____

Chronic Medical Conditions: _____
Surgeries/Hospitalizations within the last year: _____
Injuries/accidents within the last year: _____
_____

Any new family medical history we should be aware of? _____
_____

Guns in the home? (circle answer)	YES	NO	If Yes: LOCKED	UNLOCKED
Is your child exposed to smoke in the home?	YES	NO		
Are there smoke alarms in the home?	YES	NO		

TB Screen: (circle answer)

Has a family member or contact had tuberculosis disease?	YES	NO
Has a family member had a positive tuberculin skin test result?	YES	NO
Was your child born in a high-risk country (Countries other than US, Canada, Australia, New Zealand, or Western European countries)?	YES	NO
Has your child traveled (had contact with resident populations) to a high-risk country for more than one week?	YES	NO

FOR OFFICE USE ONLY: ENTERED IN EMR ☐ _____initials