



PATIENT INTAKE FORM - UPDATE

CHILD'S INFORMATION

DATE	CHILD'S LAST NAME	CHILD'S FIRST NAME	CHILD'S MIDDLE INITIAL	GENDER (M,F)
CHILD'S DATE OF BIRTH	CHILD'S ADDRESS			

CHILD'S HEALTH HISTORY

YES NO

Date of last medical exam.		
Does your child have any known allergies to medication ? If Yes, please list.		
Does your child have any known food allergies ? If Yes, please list.		
Has your child ever had a reaction after receiving any vaccine ? (such as fever, difficulty breathing)		
Does your child have any illness, disease or neurological problems such as diabetes, seizures, heart problem, asthma or autism ?		
Has your child had a Mantoux (Tuberculosis) test ?		
Has your child had the Varicella (Chicken Pox) disease ? If Yes, date:		
Has your child begun menstruating. If Yes, when ? Date of last menstrual cycle:		
*Female patients only: Do you know if your child is pregnant ?		

PARENT OR LEGAL GUARDIAN INFORMATION

NAME OF PARENT OR LEGAL GUARDIAN	ADDRESS OF PARENT OR LEGAL GUARDIAN	TELEPHONE NUMBER
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INSURANCE INFORMATION

TYPE OF INSURANCE (CHECK ONE)

Medicaid, Medicaid Managed Care or NJ Family Care ID Number: _____

No Medical Insurance

CONSENT

I hereby give permission for the County of Union, Department of Human Services, Union County Immunization Program to perform immunization services requested by me for my child and to contact my child's primary health care provider to update my child's immunization records, if necessary. I understand that personnel working for this special program to provide free vaccines for children may contact me to remind me of the child's next scheduled immunization visit. I acknowledge receipt of the Notice of Privacy Information Practices (HIPPA). I understand a computerized record of my child's immunization record will become part of the New Jersey Department of Health and Senior Services' statewide New Jersey Immunization Information System (NJIS). I agree that the above information that I have provided is true. In the event that there is a possibility of pregnancy, the County of Union, Department of Human Services, Union County Immunization Program will not be held responsible.

SIGNATURE OF PARENT OR LEGAL GUARDIAN	DATE
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