



DINÉ YOUTH

MEMBER MEDICAL/HEALTH HISTORY FORM

(Entire form must be completed and signed by the parent/guardian)



Youth's Full Name: _____ Date: _____
 Mailing Address: _____ City/State: _____ Zip Code: _____
 Date of Birth: _____ Gender: Male Female

Name of Primary Physician: _____ Hospital: _____
 Chart No.: _____ Tribal Census No.: _____

INSURANCE INFORMATION:

Policy Holder: _____ Policy or Group No.: _____
 Insurance Provider: _____ Medicaid/AHCCCS ID No.: _____

Has child ever or does he/she have any of the following conditions:

YES	NO	CHECK EACH ITEM	YES	NO	CHECK EACH ITEM
		ADD/ADHD			Hypertension
		Anemia			Knee Injury
		Ankle Injury			Kidney Disease/Trouble
		Arthritis			Loss of consciousness
		Asthma			Neck Injury
		Back Pain			Measles
		Bleeding/Clotting Disorders			Menstrual Cramps (severe - FEMALE ONLY)
		Chicken Pox			Migraine Headaches
		Concussion			Mononucleosis
		Contact with TB Patient			Mumps
		Diabetes			Operation/Fracture Year
		Eczema (skin rash)			Pneumonia
		Elbow Injury			Polio
		Emotional Problems			Rheumatic Fever
		Epilepsy/Convulsions			Scoliosis
		Fainting (Frequently)			Seizures
		Frequent Ear Infections			Sinus Trouble (severe)
		Hearing Trouble			Sore Throat (severe)
		Heart Defect/Disease			Spine Injury
		Hepatitis			Tuberculosis Year
		Hernia			Whooping Cough
		German Measles			Wrist Injury

Do child have any allergies to food, medication, insects, animals, pollen, etc.? Yes No
 If yes, please list: _____
 List prescriptions drugs your child is taking: _____
 Reason(s) for taking prescription drugs: _____
 Is your child receiving medical treatment? Yes No If yes, why? _____
 Current immunization on file: _____

I give my son/daughter permission to participate in the Diné YOUTH Program. I authorize staff member or qualified Emergency Medical Technician to act as Emergency Authorization on my Child's behalf to admit my child to a local health facility for any of the following; emergency examination, treatment, appropriate medications, and/or required surgical procedures.

Signature of Parent/Guardian (or Participant if over 18 years of age)

Date

NOTE: Signature of Parent/Guardian must be on file with Diné YOUTH for youth to participate in program events, activities, and/or field trips.