Arizona Department of Health Services

ARIZONA DEPARTMENT OF HEALTH SERVICES
Community Health Nursing Services, Page 1 of 2

PLEASE PRINT

❒ EI: Specify _____

PROGRAM: ❒ NICP ❒ OCSHCN ❒ NBS

CHILD'S INFORMATION

1. Child's Last Name	2. Suffix	3. First Name	4. MI	5. DOB / /

6. Alias: Last Name	7. Alias: First Name	8. Gender	9. Primary Care Provider

10. Street Address	11. City	12. State	13. Zip Code	14. County

15. Race	16. Ethnicity ❒ Hispanic or Latino ❒ Not Hispanic or Latino	17.Tribe	18.Reservation

19. GA at Birth	20. Birthweight	21. Place / Hospital of Birth	22. Insurance Coverage Type: ❒ None ❒ Private ❒ Kidscare ❒ AHCCCS ❒ IHS-Non AHCCCS

FAMILY INFORMATION

23. Mother's Last Name	24. Mother's First Name	25. MI	26. DOB / /	27. Marital Status

28. Alias: Last Name	29. Alias: First Name	30. Maiden Name

31. Race	32. Ethnicity ❒ Hispanic or Latino ❒ Not Hispanic or Latino	33. Tribe	34. Phone # ( )

35. Father's Last Name	36. Suffix	37. Father's First Name	38. MI	39. DOB / /

40. Primary Language Spoken in the Home	41. Phone # ( )

PRIMARY CAREGIVER (IF DIFFERENT FROM MOTHER AND/OR FATHER)

42. Caregiver's Last Name	43. First Name	44. Relationship	45. Phone # ( )

46. Street Address	47. City	48. State	49. Zip Code

VISIT INFORMATION

50. Visit Date / /	51. Service Setting	52. Contractor	53. Provider	54. Source of Referral

55. Date of Discharge / /	55A. First contact date /	56. CA at this visit	57. Adjusted Age	58. Breastfed: ❒ Never ❒ Not Now ❒ Currently ❒ Unknown

59. General Health Status Good ___ Fair ___ Poor ___	60. Medical Home Y _____ N _____	61. Immunizations Current? Y ____ N ____ Unknown _____	62. Uses Car Seat: Y ____ N _____ ❒ Information Given

63.Service: (check both) ❒ Local ❒ Out-of-Town (Mileage_____) ❒ Out-of-County

63A. ❒ Interim ❒ Regular ❒ Staffing ❒ Bereavement ❒ Pre-Discharge ❒ Shadow ❒ Family Visit

64. Periodicity : (Visit Type) ❒ 0 to < 4mos ❒ 4 to < 6mos ❒ 6 to < 8mos ❒ 8 to < 12mos ❒ 12 to < 18mos ❒ 18 to < 24mos ❒ 24 to < 36mos ❒ 36 to < 48 mos ❒ +48mos

65. Growth: Physical assessment (Adjusted to age two)
Height: _____ cm _____ in Weight: _____ lb _____ oz OFC: _____ cm _____ in WT/HT Ratio: _____ %

Ply 1, Face
Size: 8.50" x 11.00"
Order Number: _____
File Name: /C/Documents and Settings/rlastra/My Documents/Design/6-HRPP-007.pdf

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