

Maui's Native Hawaiian Health Care System KEIKI CLINICAL INTAKE FORM

Date: _____

PATIENT INFORMATION

Name: _____ Date of Birth: _____

Clinical Intake:

<p>Who is your child's Primary Care Provider (PCP)? _____</p> <p>When was the last time your child visited their PCP? <input type="checkbox"/> Within the year <input type="checkbox"/> More than one year ago <input type="checkbox"/> Don't know</p>	<p>How would you rate your keiki's health? (Choose one option)</p> <ul style="list-style-type: none"> ➤ Excellent ➤ Good ➤ Fair ➤ Poor 						
<p>List any hospitalizations or surgeries your child has had: _____ _____ _____</p>	<p>List your child's current medications/supplements/traditional remedies/. (Include dosage and frequency) _____ _____ _____</p>						
<p>Does your keiki have any known allergies?</p> <p>YES, my keiki is allergic to</p> <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ <p>NO KNOWN ALLERGIES</p>	<p>Has your keiki received Immunizations?</p> <p>Yes</p> <p>No</p> <ul style="list-style-type: none"> ➤ Last date immunizations were given ➤ Where did your keiki get Immunizations? 						
<p>Relation to this Keiki (Circle one option)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">➤ Mother</td> <td style="width: 50%; padding: 2px;">➤ Father</td> </tr> <tr> <td style="padding: 2px;">➤ Grandmother</td> <td style="padding: 2px;">➤ Grandfather</td> </tr> <tr> <td style="padding: 2px;">➤ Foster Parent</td> <td style="padding: 2px;">➤ Other Relative (Please specify):</td> </tr> </table>	➤ Mother	➤ Father	➤ Grandmother	➤ Grandfather	➤ Foster Parent	➤ Other Relative (Please specify):	<p>Where does this keiki live? (circle all that applies)</p> <ul style="list-style-type: none"> ➤ House or Apartment with family ➤ House or Apartment with other relatives or Friends ➤ Shelter ➤ Homeless ➤ Other (Please Specify):
➤ Mother	➤ Father						
➤ Grandmother	➤ Grandfather						
➤ Foster Parent	➤ Other Relative (Please specify):						
<p>Besides you, does anyone else take care this keiki?</p> <p>YES</p> <p style="padding-left: 20px;">Caregiver name(s), and relationship to Keiki:</p> <ul style="list-style-type: none"> • _____ • _____ • _____ <p>Do you have any concerns about your keiki's behavior or development?</p> <p>YES NO</p>	<p>Family Medical History</p> <p>Does this keiki's mother, father, or grandparents have the following?</p> <p>YES No Hypertension YES No Diabetes YES No Lung condition YES No Heart condition YES No Learning condition YES No Nerve Condition YES No Mental health Condition YES No Substance Abuse YES No OTHER (Specify):</p>						

Parent/Guardian Signature

Date

For Office Use Only:							
Height:	Weight:	BMI:	Growth %:	BP:	P:	O ₂ :	Temp: