



HEALTH SUMMARY

NAME OF CHILD	DATE OF BIRTH	DATE COMPLETED
---------------	---------------	----------------

INSTRUCTIONS

Current medical information is important to assist in eligibility determination for a child referred to First Steps and, if the child is found eligible, planning for First Steps services.

Complete this form with information about the child referred to First Steps and return it as soon as possible to the First Steps System Point of Entry (SPOE) office. The SPOE contact information is included below.

BIRTH HISTORY

BIRTH WEIGHT (GRAMS)	GESTATIONAL AGE (WEEKS)
----------------------	-------------------------

HEALTH STATUS

DIAGNOSIS	ICD-9 CODE	ICD-10 CODE
-----------	------------	-------------

HOSPITALIZATIONS/SURGERIES

CONCERNS/COMMENTS

DEVELOPMENTAL STATUS

VISION STATUS	DATE SCREENED/TESTED	RESULTS
HEARING STATUS	DATE SCREENED/TESTED	RESULTS
DEVELOPMENTAL STATUS	DATE SCREENED/TESTED	RESULTS

Developmental Screening Attached Additional Information Attached

CONCERNS/COMMENTS

PHYSICIAN INFORMATION

PRINTED NAME OF PRIMARY PHYSICIAN	PHONE NUMBER
PRIMARY PHYSICIAN SIGNATURE	FAX NUMBER
PERSON COMPLETING THIS FORM	DATE COMPLETED

SPOE CONTACT INFORMATION

SPOE AGENCY NAME AND ADDRESS	FAX NUMBER
------------------------------	------------

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.