

Connecticut Health Assessment Form

		State of Connecticut Department of Education																																																																											
Health Assessment Record																																																																													
To Parent or Guardian: In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II). State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or the school medical advisor prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.																																																																													
Please print																																																																													
Student Name (Last, First, Middle)			Birth Date		<input type="checkbox"/> Male <input type="checkbox"/> Female																																																																								
Address (Street, Town and ZIP code)																																																																													
Parent/Guardian Name (Last, First, Middle)			Home Phone		Cell Phone																																																																								
School/Grade			Race/Ethnicity <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other																																																																										
Primary Care Provider																																																																													
Health Insurance Company/Number* or Medicaid/Number*																																																																													
Does your child have health insurance? Y N If your child does not have health insurance, call 1-877-CT-HUSKY																																																																													
Does your child have dental insurance? Y N																																																																													
* If applicable																																																																													
Part I — To be completed by parent/guardian.																																																																													
Please answer these health history questions about your child before the physical examination.																																																																													
Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.																																																																													
<table><tr><td>Any health concerns</td><td>Y N</td><td>Hospitalization or Emergency Room visit</td><td>Y N</td><td>Concussion</td><td>Y N</td></tr><tr><td>Allergies to food or bee stings</td><td>Y N</td><td>Any broken bones or dislocations</td><td>Y N</td><td>Fainting or blacking out</td><td>Y N</td></tr><tr><td>Allergies to medication</td><td>Y N</td><td>Any muscle or joint injuries</td><td>Y N</td><td>Chest pain</td><td>Y N</td></tr><tr><td>Any other allergies</td><td>Y N</td><td>Any neck or back injuries</td><td>Y N</td><td>Heart problems</td><td>Y N</td></tr><tr><td>Any daily medications</td><td>Y N</td><td>Problems running</td><td>Y N</td><td>High blood pressure</td><td>Y N</td></tr><tr><td>Any problems with vision</td><td>Y N</td><td>"Mono" (past 1 year)</td><td>Y N</td><td>Bleeding more than expected</td><td>Y N</td></tr><tr><td>Uses contacts or glasses</td><td>Y N</td><td>Has only 1 kidney or testicle</td><td>Y N</td><td>Problems breathing or coughing</td><td>Y N</td></tr><tr><td>Any problems hearing</td><td>Y N</td><td>Excessive weight gain/loss</td><td>Y N</td><td>Any smoking</td><td>Y N</td></tr><tr><td>Any problems with speech</td><td>Y N</td><td>Dental braces, caps, or bridges</td><td>Y N</td><td>Asthma treatment (past 3 years)</td><td>Y N</td></tr><tr><td colspan="3">Family History</td><td colspan="3">Seizure treatment (past 2 years)</td></tr><tr><td colspan="3">Any relative ever have a sudden unexplained death (less than 50 years old)</td><td>Y N</td><td>Diabetes</td><td>Y N</td></tr><tr><td colspan="3">Any immediate family members have high cholesterol</td><td>Y N</td><td>ADHD/ADD</td><td>Y N</td></tr></table>						Any health concerns	Y N	Hospitalization or Emergency Room visit	Y N	Concussion	Y N	Allergies to food or bee stings	Y N	Any broken bones or dislocations	Y N	Fainting or blacking out	Y N	Allergies to medication	Y N	Any muscle or joint injuries	Y N	Chest pain	Y N	Any other allergies	Y N	Any neck or back injuries	Y N	Heart problems	Y N	Any daily medications	Y N	Problems running	Y N	High blood pressure	Y N	Any problems with vision	Y N	"Mono" (past 1 year)	Y N	Bleeding more than expected	Y N	Uses contacts or glasses	Y N	Has only 1 kidney or testicle	Y N	Problems breathing or coughing	Y N	Any problems hearing	Y N	Excessive weight gain/loss	Y N	Any smoking	Y N	Any problems with speech	Y N	Dental braces, caps, or bridges	Y N	Asthma treatment (past 3 years)	Y N	Family History			Seizure treatment (past 2 years)			Any relative ever have a sudden unexplained death (less than 50 years old)			Y N	Diabetes	Y N	Any immediate family members have high cholesterol			Y N	ADHD/ADD	Y N
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Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.																																																																													
Is there anything you want to discuss with the school nurse? Y N If yes, explain:																																																																													
Please list any medications your child will need to take in school:																																																																													
All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.																																																																													
I give permission for release and exchange of information in this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.																																																																													
Signature of Parent/Guardian				Date																																																																									
HAR-3 REV 4/2010 To be maintained in the student's Cumulative School Health Record																																																																													

Connecticut health assessment form is an essential document used in various healthcare settings across the state. It serves as a comprehensive tool designed to collect critical health information from patients, ensuring that healthcare providers have a complete understanding of a patient's medical history, current health status, and any specific needs that must be addressed. In this article, we will delve into the importance of the Connecticut health assessment form, its components, how to fill it out correctly, and its relevance in different healthcare contexts.

What is the Connecticut Health Assessment Form?

The Connecticut health assessment form is a standardized document that gathers a wide array of health-related information from individuals seeking medical care. This form is often required by healthcare facilities, including hospitals, clinics, and private practices, to facilitate effective patient care and management. The information collected through this form helps healthcare providers to:

- Establish a baseline for patient health
- Identify potential health risks
- Plan appropriate interventions and treatments
- Monitor ongoing health changes

Key Components of the Connecticut Health Assessment Form

The Connecticut health assessment form typically includes several key sections. Understanding these components is crucial for both patients and healthcare providers. Here are the main sections found in the form:

1. Personal Information

This section requests basic information about the patient, including:

- Full name
- Date of birth
- Address
- Phone number
- Email address
- Emergency contact information

2. Medical History

In this section, patients are asked to provide details about their past and current medical conditions, which may include:

- Chronic illnesses (e.g., diabetes, hypertension)
- Previous surgeries
- Allergies (medications, food, environmental)

- Medications currently being taken
- Family medical history

3. Lifestyle Information

Patients are often asked to provide insights into their lifestyle choices, such as:

- Smoking habits
- Alcohol consumption
- Dietary habits
- Physical activity levels

4. Mental Health Assessment

This section may include questions regarding the patient's mental health status, including:

- History of mental health disorders
- Current mental health concerns
- Stress management techniques

5. Insurance Information

Patients are required to provide details about their health insurance coverage, including:

- Insurance provider name
- Policy number
- Group number

How to Fill Out the Connecticut Health Assessment

Form

Filling out the Connecticut health assessment form accurately is crucial for ensuring that healthcare providers have the correct information to deliver appropriate care. Here are some steps to follow when completing the form:

1. **Read the Instructions:** Before beginning, carefully read any instructions provided with the form to understand the requirements.
2. **Be Honest and Accurate:** Provide truthful and accurate information to the best of your knowledge. This will help healthcare providers make informed decisions.
3. **Use Clear Handwriting:** If filling out a paper form, ensure that your handwriting is legible. For digital forms, ensure that all entries are clear and easily readable.
4. **Review and Edit:** After completing the form, review it for any errors or omissions. Make sure all sections are filled out completely.
5. **Ask for Help if Needed:** If you're unsure about certain questions or need assistance, don't hesitate to ask a healthcare professional for guidance.

The Importance of the Connecticut Health Assessment Form in Healthcare

The Connecticut health assessment form plays a vital role in the healthcare system for several reasons:

1. Promotes Comprehensive Care

By collecting detailed health information, the form enables healthcare providers to understand the full spectrum of a patient's health needs, leading to more tailored and effective care plans.

2. Enhances Communication

Having a standardized form helps streamline communication between patients and healthcare providers. It ensures that all relevant information is captured and discussed during appointments.

3. Supports Preventive Health Measures

By identifying risk factors and health concerns early on, the Connecticut health assessment form facilitates preventive measures that can help mitigate serious health issues down the line.

4. Fosters Patient Engagement

When patients fill out the health assessment form, they are encouraged to reflect on their health behaviors and conditions, promoting greater awareness and engagement in their own health management.

Where to Obtain the Connecticut Health Assessment Form

Patients can obtain the Connecticut health assessment form from various sources, including:

- Healthcare facilities such as hospitals and clinics
- Online from state health department websites
- Through primary care providers
- Community health organizations

Conclusion

In summary, the Connecticut health assessment form is a critical component of the healthcare process in Connecticut. By accurately completing this form, patients contribute to their own healthcare experience while enabling providers to offer the best possible care. Understanding the components of the form and the importance of each section can empower patients to engage meaningfully in their health assessments. Whether you are visiting a new doctor, seeking treatment, or participating in a health program, being prepared with the necessary information will ensure a more efficient and effective healthcare experience.

Frequently Asked Questions

What is the Connecticut Health Assessment Form?

The Connecticut Health Assessment Form is a document used to collect health-related information from individuals, primarily for public health purposes and to assess community health needs.

Who needs to fill out the Connecticut Health Assessment Form?

Typically, the form is required for students entering school, individuals applying for certain health programs, or as part of public health initiatives in Connecticut.

How can I obtain the Connecticut Health Assessment Form?

You can obtain the Connecticut Health Assessment Form from the Connecticut Department of Public Health website, your local school district, or healthcare providers.

What information is required on the Connecticut Health Assessment Form?

The form usually requires personal information, medical history, immunization records, and details about any existing health conditions.

Is there a deadline for submitting the Connecticut Health Assessment Form?

Yes, the deadline for submitting the form often coincides with school enrollment dates or specific health program application deadlines, so it's important to check with the relevant institution.

Can the Connecticut Health Assessment Form be completed online?

Some institutions may offer an online version of the Connecticut Health Assessment Form, but it is best to check with your school or health provider for specific options.

What happens if I don't submit the Connecticut Health Assessment Form?

Failure to submit the form may result in restrictions on school enrollment or participation in certain health programs until the required information is provided.

Are there any fees associated with the Connecticut Health Assessment Form?

There are generally no fees associated with filling out the Connecticut Health Assessment Form itself, but there may be costs for obtaining medical records or immunizations.

Can parents or guardians fill out the Connecticut Health Assessment Form for minors?

Yes, parents or guardians are typically responsible for completing the Connecticut Health Assessment Form for children under the age of 18.

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Discover how to complete the Connecticut health assessment form effectively. Get insights

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