

Any recent or upcoming surgeries, procedures or medical treatments:

Cualquier cirugias, procedimientos o tratamientos medicos recientes

MEDICAL DEVICES

- Tracheostomy: Type_____ Size_____ Oxygen_____ Date of Placement:_____
- Gastronomy Tube: Type_____ Size_____ Date of Placement:_____
- Porta Cath: Type_____ Size_____ Date of Placement:_____

Reason for cath_____
- Pacemaker: Type_____ Model_____ Date of Placement:_____

Parameter Settings_____ Electro Cardiologist_____
- Apnea Monitor: Type_____ Model_____ Date of Placement:_____

Parameter Settings_____
- Ventricular/Peritoneal Shunt Date of Placement_____ Date of Revisions_____

Symptoms of Blockage _____
- Colostomy Type of Bag_____ Size_____ Date of Surgery_____

Reason _____
- Vagal Nerve Stimulator Date of Placement:_____
- Baclofen Pump Date of Placement:_____

Parent / Guardian Signature: _____ Date: _____
Firma del padre/guarda *Fecha*

NURSING NOTES
(office use only)

| | | | | |
|---|----------------------------------|----------------------------------|---------------------------------|-----------------------------|
| _____ Action Plan(s) | <input type="checkbox"/> Seizure | <input type="checkbox"/> Allergy | <input type="checkbox"/> Asthma | Action Plans Received:_____ |
| _____ MD Note(s) | <input type="checkbox"/> Dietary | <input type="checkbox"/> Sleep | | MD Notes Received:_____ |
| _____ Medication Dispensation Forms Completed (if needed) | | | | |
| _____ Immunization Records | | | | |

SIGNATURE OF PARENT AUTHORIZES PLACEMENT OF INTAKE FORM IN CHILD'S AGENCY RECORDS.
FIRMA DEL PADRE QUE AUTORIZA LA MATRICULA DE LA FORMA DE ENTRADA DE SU NIÑO(A) PARA LOS REGISTROS DE LA AGENCIA.