

Clermont County Public Health CMH INFORMATION FORM

PLEASE RETURN SIGNED FORM

• Patient / Child's Name (Print): _____

• Birthdate: _____ Sex: _____ Race: _____ Language(s): _____

• Parent's / Legal Guardian's Name: _____

• Parent's / Legal Guardian's Signature: _____ Signature Date: _____

• Relationship to Patient / Child: _____

• Home Address: Street: _____ Apt. Number: _____

City, State, Zip Code: _____

• Email Address: _____

• Phone Number: (Home): _____ (Work): _____ (Cell): _____

• Clermont County Public Health Nursing may leave detailed messages about this patient / child on your:

(Please check all permissions that apply) Email ___ Home Phone: ___ Work Phone: ___ Cell Phone /Text: ___

• BCMH Managing Physician _____ Last Exam: __/__/20__ ; Next Exam: __/__/20__

• Primary Care / Pediatrician _____ Last Exam: __/__/20__ ; Next Exam: __/__/20__

• Dentist _____ Last Exam: __/__/20__ ; Next Exam: __/__/20__

• Are immunizations up-to-date? YES _____ NO _____

• Have you ever been given education about immunizations? YES _____ NO _____

• Do you have a home safety plan? YES _____ NO _____

• Have you ever been given education about home safety plans? YES _____ NO _____

• Is there an: Individualized Education Plan (IEP)? YES _____ NO _____

Individualized Service Plan (ISP)? YES _____ NO _____

Individualized Family Service Plan (IFSP)? YES _____ NO _____

504 Plan? YES _____ NO _____

Comprehensive Service Plan (CSP)? YES _____ NO _____

• Any current diagnoses not listed on the attached LOA form(s)? YES _____ NO _____

If "YES", please list the missing diagnosis name(s) below: _____

• Any current medicines? YES _____ NO _____

If "YES", please list the names of current medications: _____

• Any other current treatments, therapies or medical supplies / equipment? YES _____ NO _____

If "YES", please list: _____

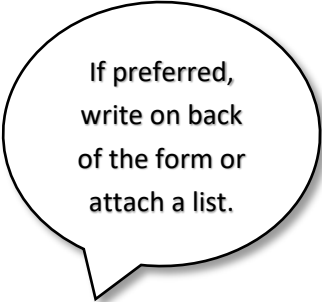
• Has there been any barrier to care? YES _____ NO _____

If "YES", please describe the barrier(s): _____

• The patient / your child is entitled to an annual assessment visit by a BCMH public health nurse. Please make a checkmark next to the type of visit you prefer:

Telehealth (Online) _____ Home Visit (In-person) _____ Phone Call _____

Office Visit _____ None (Decline at This Time) _____



Thank you for answering and returning this form. For questions or help, please call the CMH Coordinator at Clermont County Public Health, (513) 735-8421 or the main Nursing Division number (513) 735-8400.