

Children with Special Health Care Needs Screener®

Patient Name: _____ Birth Month/Year: _____ / _____

1. Does your child currently need or use **medicine prescribed by a doctor** (other than vitamins)?

- Yes Go to Question 1a No Go to Question 2

1a. Is this because of ANY medical, behavioral or other health condition?

- Yes Go to Question 1b No Go to Question 2

1b. Is this a condition that has lasted or is expected to last for *at least* 12 months?

- Yes No

2. Does your child need or use more **medical care, mental health or educational services** than is usual for most children of the same age?

- Yes Go to Question 2a No Go to Question 3

2a. Is this because of ANY medical, behavioral or other health condition?

- Yes Go to Question 2b No Go to Question 3

2b. Is this a condition that has lasted or is expected to last for *at least* 12 months?

- Yes No

3. Is your child **limited or prevented** in any way in his or her ability to do the things most children of the same age can do?

- Yes Go to Question 3a No Go to Question 4

3a. Is this because of ANY medical, behavioral or other health condition?

- Yes Go to Question 3b No Go to Question 4

3b. Is this a condition that has lasted or is expected to last for *at least* 12 months?

- Yes No

4. Does your child need or get **special therapy**, such as physical, occupational or speech therapy?

- Yes Go to Question 4a No Go to Question 5

4a. Is this because of ANY medical, behavioral or other health condition?

- Yes Go to Question 4b No Go to Question 5

4b. Is this a condition that has lasted or is expected to last for *at least* 12 months?

- Yes No

5. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets **treatment or counseling**?

- Yes Go to Question 5a No

5a. Has this problem lasted or is it expected to last for *at least* 12 months?

- Yes No

6. Please describe your child's medical, behavioral, emotional, developmental, health condition or problem?

OFFICE USE ONLY

ICD-9: _____

Positive Negative