INDIAN TRACE ELEMENTARY HEALTH INFORMATION SURVEY

Student's Name: _____ Grade: _____

Please circle ANY and ALL of your child's health conditions. If your child does not have any health conditions, then check "NONE" at the end of the list.

CODE	DESCRIPTION	CODE	DESCRIPTION
01A	Allergy, food	17D	Spec Health, Oropharyngeal Suction
01B	Allergy, environment	17E	Spec Health, Lifting, ambulatory assist
01C	Allergy, medication	17F	Spec Health, Spec feeding tech
01D	Allergy, anaphylaxis (severe allergy reactions e.g. bee sting)	17G	Spec Health, Tracheotomy care
01F	Allergy, urticarial (hives)	17H	Spec Health, Ventilator care
01G	Allergy, insect sting	17I	Spec Health, Wheelchair bound
02A	Eating Disorder, anorexia	18	Cancer, Leukemia
02B	Eating Disorder, bulimia	19	Gastrointestinal Disorder
02C	Eating Disorder, overweight	22	Chronic Respiratory Conditions
02D	Eating Disorder, malabsorption	24	Tourette Syndrome
03	Arthritis	25	Other Disabilities
04A	Current Asthma/Reactive Airway Disease (use of an inhaler or asthma attack in the past 12 months)	28	Non-verbal, Ventilator care
04B	History of Asthma/Reactive Airway Disease (Absence of inhaler use or asthma attack in the past 12 months)	29	Hearing Impaired
05	Cerebral Palsy	30	Vision Impaired
06A	Diabetes Type I (Uses insulin)	32	Cystic Fibrosis
06B	Diabetes Type II (does not use insulin)	33	Immune Suppressed (e.g. Chemo)
07	Epilepsy/Seizure Disorder	34	Kidney Disease
08	Heart Condition	35	Migraine Headaches
09	Bleeding Disorder/Hemophilia	36A	Psych Disorder, behavior
10	Immune Deficiency	36B	Psych Disorder, emotional
12	Muscular Dystrophy	36C	Psych Disorder, addictive
13	Scoliosis	36E	Psych Disorder, school phobia
15	Sickle Cell Disease	37	Autism
16	Spina Bifida	38	ADD/ADHD
17A	Spec Health, Gastrostomy feeding tube	39	Orthopedic Disorders
17B	Spec Health, Nebulizer treatment	40	Neurological Disorders
17C	Spec Health, Catheterization	911	Critical/Chronic Medical Alert
	None of the above		