

Children's Health Care

Child: _____

Pediatrician: _____

Part of what clinic? _____

Name: _____

Address: _____

Phone: _____

Dentist: _____

Name: _____

Address: _____

Phone: _____

Next cleaning check-up due? _____

Any Specialist Physician?

Specialist's Name: _____

Kind of Specialist? _____

Name: _____

Address: _____

Phone: _____

Medications:

Pharmacy:

Allergies:

Is the child's medical record on MyChart?

Do you have the MyChart username and password on autofill or written down somewhere?

Username:

Password:

Do your child need any medical bracelets to warn of a medical condition such as diabetes or epilepsy?