

Certificate of Child Health Examination

Please complete this request for a health history form. If the request is for a State of Illinois Child Medical Examination form, Town & Country Pediatrics can provide it for you. All other program specific forms should be provided by you.

If your child has not been seen within the last 12 months for a check-up, you will be asked to complete a visit before the form can be finished.

Please allow up to 10 business days to complete your child's form.

Please complete the information below, sign and date where indicated. By signing this form, you also acknowledge and agree that you are the legal guardian/parent of the patient named above and have authority to make healthcare and other decisions on behalf of this patient. As a legal guardian/parent, you are also authorized to have access to Protected Health Information (PHI) of the patient, in accordance with federal and state laws.

Patient Information		
Last Name:	First Name:	DOB:

Parent/Guardian		
Last Name:	First Name:	
Address:		City:
State:	Zip Code:	Preferred Contact Number:

Form Type				
<input type="checkbox"/> State of IL Health	<input type="checkbox"/> IHSA	<input type="checkbox"/> Camp	<input type="checkbox"/> Medication	<input type="checkbox"/> Allergy
<input type="checkbox"/> Other, description:				

Any pertinent changes to your child's health since your child's last physical?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, explain:

For children over 3 years old, have they had a positive covid test within the last 6 months?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, please answer additional questions on page 2

Delivery Method <i>choose one method</i>		
<input type="checkbox"/> MyChart (<i>Quickest delivery option</i>)	<input type="checkbox"/> Mail (<i>Enter address below for USPS delivery</i>)	<input type="checkbox"/> Pick Up (<i>Select location below</i>)
<i>Pick Up Location:</i>	<input type="checkbox"/> Halsted Location	<input type="checkbox"/> Skokie Location <input type="checkbox"/> Glenview Location
<i>Mailing Address:</i>		

NAME OF LEGAL GUARDIAN: _____

SIGNATURE OF LEGAL GUARDIAN: _____

RELATIONSHIP: _____ DATE: _____ TIME: _____

Halsted
1460 N. Halsted Street
Suite 402
Chicago, IL 60642
(312) 227-2800 Office
(312) 227-9551 Fax
tcpofficehalsted@luriechildrens.org

Skokie
3722 W. Touhy Avenue
Suite 101
Skokie, IL 60076
(312) 227-2860 Office
(312) 227-9557 Fax
tcpofficeskokie@luriechildrens.org

Glenview
2601 Compass Road
Suite 120
Glenview, IL 60026
(312) 227-2850 Office
(312) 227-9555 Fax
tcpofficeglen@luriechildrens.org

PATIENT INFORMATION		
Last Name:	First Name:	DOB:

If your child is over the age of 3 and has had Covid-19 within the last 6 months, please complete these additional questions.

- Did your child **already** have a clearance visit for their Covid-19 diagnosis?
 - Yes
 - No
 - When diagnosed with COVID within the last 6 months, what was the severity:
 - Asymptomatic or mildly symptomatic:**
 - Less than 4 days of fever (100.4 F or higher)
 - Less than 1 week of symptoms such as body aches, chills, fatigue, runny nose, coughing, stomach-ache, vomiting, and diarrhea
 - Moderate symptoms:**
 - 4 or more days of fever (100.4F)
 - 1 week or more of body aches, chills, or lethargy
 - Non-ICU (Intensive Care Unit) hospital stay
 - No evidence of multisystem inflammatory syndrome (MIS-C)
 - Severe symptoms:**
 - ICU (Intensive Care Unit) hospital stay and/or intubation
 - Multisystem inflammatory syndrome diagnosis (MIS-C)
 - Has your child already advanced back to physical activity?
 - Yes
 - No
-
- Patient is **currently** having any of the symptoms below:
 - Chest pain
 - Shortness of breath not related to current upper respiratory infection
 - New onset of heart palpitations, dizziness, or fainting
 - Yes*
 - No

*If yes - Schedule a sick appointment or be seen at the closest urgent care/emergency department. If unsure about the appropriate level of care call our nurse line for assistance.

Certain identified symptoms will require an in-office visit for form completion.

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