# Prior Medical History Intake

(USBE Rules II.J.2.c.(2); II.J.8.c.(5); II.J.9.c.(2); II.J.10.c.(2); and II.J.13.c.(2))

District/School:

Student Name: DOB: Grade:

Name and credentials of qualified health professional completing form:

There are multiple special education classification categories that require medical histories, medical reports, or other medical documentation. This Prior Medical History Intake form is used to gather necessary information for determining special education eligibility and the special education and related services for a student. Please use the definitions and rules below to complete this intake form.

## Definitions

*Qualified health professional* means an individual who has the requisite training and licensure and functions in the role of providing medical information to the school evaluation group consistent with the individual’s professional license. This person could be the student’s physician, nurse, or other healthcare professional (USBE Rules I.E.41.).

*Qualified mental health professional* means an individual who has the requisite training and licensure and functions in the role of providing developmental and mental health information to the school evaluation group consistent with the individual’s professional license. This person could be the student’s psychologist, school psychologist or social worker (USBE Rules I.E.42.).

## Categories Requiring a Medical History

### Autism

The student’s prior medical history from a qualified health professional, regarding any specific syndromes, health concerns, medication, and developmental history from either a qualified health professional or qualified mental health professional, must be on record regarding any information deemed necessary for planning the student’s education program (USBE Rules II.J.2.c.(2)).

### Multiple Disabilities

The student’s prior medical history, from a qualified health professional, must be on record if specific syndromes, special health problems (e.g., tracheotomy), medication, and long-term medical prognosis are a concern for the individual (USBE Rules II.J.8.c.(5)).

### Orthopedic Impairment

The student’s prior medical history, from a qualified health professional, must be on record regarding any specific syndromes, health concerns, medication, and information deemed necessary for planning the student’s educational program (USBE Rules II.J.9.c.(2)).

### Other Health Impairment

The student’s prior medical history, from a qualified health professional, must be on record regarding any specific syndromes, health concerns, medication, and information deemed necessary for planning the student’s educational program (USBE Rules II.J.10.c.(2)).

### Traumatic Brain Injury

The student’s prior medical history which may include a rehabilitative team evaluation, from a qualified health professional, must be on record regarding any specific syndromes, health concerns, medication, and information deemed necessary for planning the student’s education program (USBE Rules II.J.13.c.(2)).

## Suspected Disability Category

Autism Multiple Disabilities Orthopedic Impairment Other Health Impairment

Traumatic Brain Injury

## Medical Information

Date of medical history:

Specific syndromes related to suspected disability category:

General health concerns:

Is the student taking medication? Yes No If yes, write out the details below.

| **Name of Medication** | **Purpose of Medication** | **Form of Medication** | **Time Administered** |
| --- | --- | --- | --- |
|  |  | Pill/capsule  Liquid  Needle  Other: | Before school  During school  After school |
|  |  | Pill/capsule  Liquid  Needle  Other: | Before school  During school  After school |
|  |  | Pill/capsule  Liquid  Needle  Other: | Before school  During school  After school |
|  |  | Pill/capsule  Liquid  Needle  Other: | Before school  During school  After school |
|  |  | Pill/capsule  Liquid  Needle  Other: | Before school  During school  After school |

Historical developmental information necessary for planning the student’s education program (autism):

Special health problems (e.g., tracheotomy; multiple disabilities):

Does the student have a long-term medical prognosis (multiple disabilities)? Yes No N/A

If yes, what is the prognosis?

Is there an evaluation from a rehabilitative team (traumatic brain injury)? Yes No N/A

If yes, what were the results?

Other information necessary for planning the student’s education program:

**Disclaimer:** *If this form is completed by a school nurse, the information noted above is not considered to be documentation or verification of any medical diagnoses but simply reflects information provided by a parent to the school nurse to be considered by the group determining eligibility for special education and related services.*