

Prior Medical History

(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))

Student: _____ **Grade:** _____ **DOB:** _____

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Traumatic Brain Injury | |

Medical Information

Health Professional's Name: _____

Credentials of Health Professional: _____

Phone Number: _____

Health Professional's Signature: _____

Date of Medical History: _____

Prior Medical History

Specify 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
		<input type="checkbox"/> Pill/Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Needle <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input type="checkbox"/> During School <input type="checkbox"/> After School
		<input type="checkbox"/> Pill/Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Needle <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input type="checkbox"/> During School <input type="checkbox"/> After School
		<input type="checkbox"/> Pill/Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Needle <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input type="checkbox"/> During School <input type="checkbox"/> After School
		<input type="checkbox"/> Pill/Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Needle <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input type="checkbox"/> During School <input type="checkbox"/> After School

Historical developmental information necessary for planning the student's education program (**Autism**):

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

☐ Yes ☐ No ☐ N/A Does the student have a long-term medical prognosis (**Multiple Disabilities**)?

☐ Yes ☐ No ☐ N/A Is there an evaluation from a rehabilitative team (**Traumatic Brain Injury**)?

Other information necessary for planning the student's educational program:

Attach additional documentation if necessary