**My Child’s Profile** **Child’s Name**: **DOB**:

**Problem / Treatment / History Log**

Keep a running log of your child’s medical history. Your child’s history is important to anyone providing services to your child. Keep accurate and precise data on all illnesses, injuries, procedures, hospitalizations and office visits.

***Need more copies?***

*Contact the Northern Regional Center at 1-866-640-4106.*

Website: www.northernregionalcenter.org

Email: specialneedsinfo@co.marathon.wi.us

Adapted from Alameda Medical Home Project for Children with Special Health Care Needs, California, 2000.

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| --- | --- | --- | --- | --- |
| Date | Problem(Illness, injury, procedure (x-rays/labs), hospitalization (in-out-patient, ER), or office visit (dental, medical specialty). | Attending Physician | Location | Results/Outcomes |
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