



Health Care:

Tracks basic health-related data, allergies, medications, disabilities, physical aids, substance abuse programs and history, OB/GYN data, insurance providers, and includes a health questionnaire.

Child Health Care Addendum:

Tracks child health care-related data such as immunizations, physical exams, tests/results, risk factors, birth metrics, and includes a child-specific questionnaire along with notes.

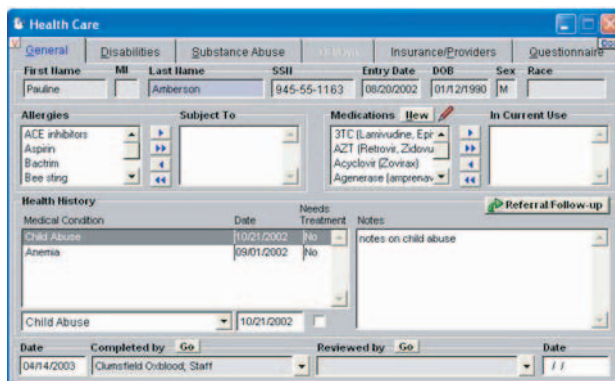
Dental/Mental/Nutrition:

Tracks dental records and habits, provider information, mental health tests/results/information, nutritional habits, food groups and eating/feeding frequencies, and includes a nutritional questionnaire for adults and children.

Education, Training and Employment:

Tracks client's education, training programs, employment history, preferences and barriers to employment, and even self-employment strengths and needs. Comprehensive and easy to use with pick lists and drop down menus that speed data entry and eliminate errors.

HEALTH CARE



Health Care

General | Disabilities | Substance Abuse | Allergies | Medications | Insurance/Providers | Questionnaire

First Name: Pauline MI Last Name: Amberson SSN: 945-55-1163 Entry Date: 08/20/2002 DOB: 01/12/1990 Sex: M Race: []

Allergies

Subject To	Medications	In Current Use
ACE inhibitors	3TC (Lamivudine, Epi	
Aspirin	AZT (Retrovir, Zidovur	
Bactrim	Acyclovir (Zovirax)	
Bee sting	Agenerase (ampropru	

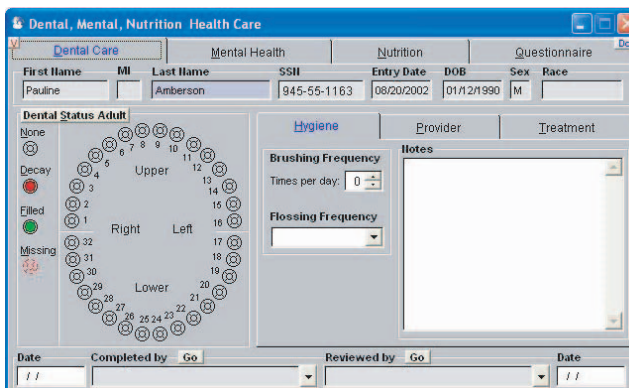
Health History

Medical Condition	Date	Needs Treatment	Notes
Child Abuse	10/21/2002	No	notes on child abuse
Anemia	09/01/2002	No	

Child Abuse: 10/21/2002

Date: 04/14/2003 Completed by: Clumtsfield Oxblood, Staff Reviewed by: []

DENTAL/MENTAL/NUTRITION



Dental, Mental, Nutrition Health Care

Dental Care | Mental Health | Nutrition | Questionnaire

First Name: Pauline MI Last Name: Amberson SSN: 945-55-1163 Entry Date: 08/20/2002 DOB: 01/12/1990 Sex: M Race: []

Dental Status Adult

None
Decay
Filled
Missing

Upper
Lower
Right
Left

Hygiene

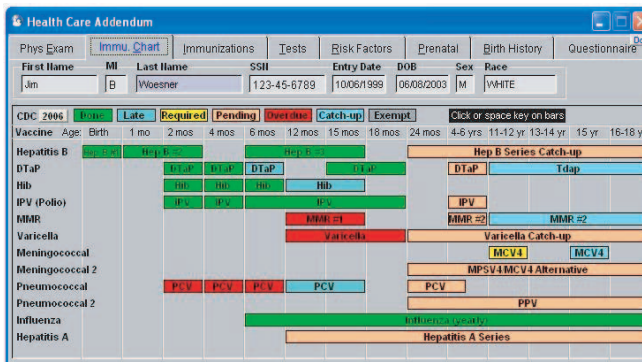
Brushing Frequency: Times per day: 0

Flossing Frequency: []

Provider: [] Treatment: []

Date: [] Completed by: [] Reviewed by: []

HEALTH CARE ADDENDUM



Health Care Addendum

Phys Exam | Immu Chart | Immunizations | Tests | Risk Factors | Prenatal | Birth History | Questionnaire

First Name: Jim MI Last Name: Woensner SSN: 123-45-6789 Entry Date: 10/06/1999 DOB: 06/08/2003 Sex: M Race: WHITE

Immunization Status

Vaccine	Age	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-5 yrs	11-12 yr	13-14 yr	15 yr	16-18 yr
Hepatitis B		Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req
DTaP		DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP
Hib		Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib
IPV (Polio)		IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV
MMR		MMR #1	MMR #2	MMR #2	MMR #2	MMR #2	MMR #2	MMR #2	MMR #2	MMR #2	MMR #2	MMR #2	MMR #2	MMR #2	MMR #2
Varicella		Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella
Meningococcal		MCV4	MCV4	MCV4	MCV4	MCV4	MCV4	MCV4	MCV4	MCV4	MCV4	MCV4	MCV4	MCV4	MCV4
Meningococcal 2		MPSV4	MPSV4	MPSV4	MPSV4	MPSV4	MPSV4	MPSV4	MPSV4	MPSV4	MPSV4	MPSV4	MPSV4	MPSV4	MPSV4
Pneumococcal		PCV	PCV	PCV	PCV	PCV	PCV	PCV	PCV	PCV	PCV	PCV	PCV	PCV	PCV
Pneumococcal 2		PPV	PPV	PPV	PPV	PPV	PPV	PPV	PPV	PPV	PPV	PPV	PPV	PPV	PPV
Influenza		Influenza (yearly)	Influenza (yearly)	Influenza (yearly)	Influenza (yearly)	Influenza (yearly)	Influenza (yearly)	Influenza (yearly)	Influenza (yearly)	Influenza (yearly)	Influenza (yearly)	Influenza (yearly)	Influenza (yearly)	Influenza (yearly)	Influenza (yearly)
Hepatitis A		Hepatitis A Series	Hepatitis A Series	Hepatitis A Series	Hepatitis A Series	Hepatitis A Series	Hepatitis A Series	Hepatitis A Series	Hepatitis A Series	Hepatitis A Series	Hepatitis A Series	Hepatitis A Series	Hepatitis A Series	Hepatitis A Series	Hepatitis A Series

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