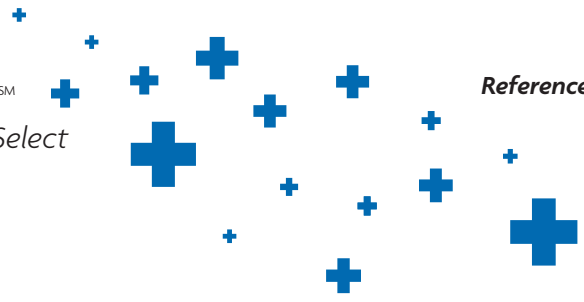




BlueCareSM
TennCareSelect

Reference #:



Parent Survey for Child Health Needs

- Please fill in your responses like this using ONLY A BLUE OR BLACK PEN.
- Do NOT use GREEN INK.
- Please answer as many questions as you can.

Leave blank the question(s) you cannot or choose not to answer.

Demographic Information

Child's Name: _____

Child's Address: _____

Child's phone number: _____

Child's Date of Birth:
MM DD YYYY

What is your child's gender? Male Female

Why are we doing this?

We want to help your child get high quality care that meets his/her needs. To do this, we need some information from you.

The information you provide us will be kept private. The information may be shared with members of your child's care team (primary care provider, specialists and case manager, if needed).

Your answers will be used to help us give your child the best information and service possible. Please complete and return this survey in the postage paid envelope that has been provided.

Notice: Completion of this form is considered an approval to utilize the information, as needed, to best coordinate your child's care.

For members under the age of 18, please tell us who is completing this survey?

- Health representative
- Parent

We use race, language and ethnic background to improve the quality of treatment and care that your child needs. We also use it to develop programs specific for your child.

1. Which of these best describes your child's race?

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Declined

2. Do you consider your child Hispanic/Latino?

- Yes
- No
- Declined
- Unavailable/Unknown

3. What language does your child speak? _____

Child Health History

4. Compared to others your child's age, how would you describe your child's overall health?
- Excellent Very good Good Fair Poor
-
5. Does your child have any of the special needs or disabilities listed below?
- Hearing Impairment Deaf Vision Impairment
 Blind Learning Disability None
-
6. Does your child have a doctor?
- Yes No
-
7. Has your child had a medical checkup in the last 12 months?
- Yes No I don't know
-
8. How tall is your child? ___ feet ___ inches ___ unknown
- How much does your child weigh? _____ pounds ___ unknown
-
9. For children who are old enough, how often does your child get 60 minutes of physical activity a day (such as playing sports, Wii Fit, walking fast or running)?
- Less than 1 time per week 1 to 2 times per week 3 to 4 times per week
 5 or more times per week I don't know Does not apply
-
10. Please answer each question below that describes your child.
- Does your child need or use **medicine prescribed by a doctor** (other than vitamins)?
- Yes No I don't know
- Does your child need or use more **medical care and/or mental health services** than other children his/her age?
- Yes No I don't know
- Does your child need or use **medical equipment** (such as, wheelchair, leg braces, nebulizer)?
- Yes No I don't know
- Is your child able to do the same things most children his/her age can do?
- Yes No I don't know
- Does your child need or get **special therapy**, like physical, occupational or speech therapy?
- Yes No I don't know
- Does your child need or get **treatment or counseling** for an emotional, developmental or behavioral problem?
- Yes No I don't know
-
11. Has your child had the flu shot or flu mist this year?
- Yes No

Child Health History (continued)

12. Has a doctor or other health care professional ever said your child has any of the following conditions?

Fill in all that apply.

- | | |
|---|---|
| <input type="radio"/> Anxiety | <input type="radio"/> Asthma |
| <input type="radio"/> Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) | <input type="radio"/> Autism or Autism Spectrum Disorders |
| <input type="radio"/> Behavior or conduct problems | <input type="radio"/> Bipolar Disorder |
| <input type="radio"/> Brain Injury | <input type="radio"/> Cancer |
| <input type="radio"/> Heart conditions | <input type="radio"/> Depression |
| <input type="radio"/> Slow or Delayed Development | <input type="radio"/> Diabetes or sugar |
| <input type="radio"/> Low birth weight and or other birth problems | <input type="radio"/> Schizophrenia |
| <input type="radio"/> Sleep problems | <input type="radio"/> Sickle Cell Disease |

13. For female children who are old enough, has your child started her menstrual cycle or period?

- Does not apply Yes No *If no, go to question 14.*

Is your child pregnant?

- Yes No I don't know

If yes, how long has she been pregnant?

- 1 to 3 months 4 to 6 months 7 to 9 months I don't know

If yes, is she currently getting care from a doctor or other health care professional for her pregnancy?

- Yes No I don't know

Who is your child's doctor?

City and/or County? _____

14. In the past 12 months, how many times has your child:

Gone to the Emergency Room?

- None 1 to 2 3 to 5 6 or more I don't know

Stayed overnight in a hospital?

- None 1 to 2 3 to 5 6 or more I don't know

Child Health History (continued)

15. For children ages 10 and above only, please fill in all that apply below.

During the past 12 months, did your child:

- Smoke or use tobacco products
- Drink alcohol (more than a few sips)
- Smoke marijuana
- Use anything else to get high (“Anything else” includes illegal drugs, over-the-counter and prescription drugs, and/or things that you sniff or huff)
- Does not apply

16. Does your child need help in any of the following areas?

- Eating healthy
- Exercising or increasing physical activity
- Getting to or maintaining a healthy weight
- Managing stress
- Stop using drugs or alcohol
- Stop smoking or chewing tobacco
- No.

Thank you for allowing us to learn more about your child. We will use this information to help your child live healthier.

We do not allow unfair treatment in TennCareSM.

- No one is treated in a different way because of race, color, birthplace, religion, language, sex, age, or disability.
- Do you think you've been treated unfairly?
- Do you have more questions or need more help?
- If you think you've been treated unfairly, call the Tennessee Health Connection for free at 1-855-259-0701.

Do you need help with this information?

If you have a hearing or speech problem, you can call us on a TTY/TDD machine. Our TTY number is 711 and ask for **888-418-0008**.

Do you have a mental illness and need help with this information?

The TennCare Advocacy Program can help you. Call them for free at **1-800-758-1638**.

Is it because you have a health, mental health, or learning problem or a disability?

If so, you have a right to get help, and we can help you.

- Call **BlueCare** Customer Service at **1-800-468-9698** for more information.
- Call **TennCareSelect** Customer Service at **1-800-263-5479** for more information.

¿Habla español y necesita ayuda con esta carta?

- Llámenos gratis al **BlueCare 1-800-468-9698**.
- Llámenos gratis al **TennCareSelect 1-800-263-5479**.

Need help in another language?

- You can call **TennCareSelect** for assistance in any language at 1-800-263-5479 or the numbers below.
- You can call **BlueCare** for language assistance at 1-800-468-9698 or the numbers below.
- Interpretation and translation services are free to **TennCare** members.

Foreign Language Lines

call if you need help and need to speak with someone in one of these languages:

العربية (Arabic)	1-800-758-1638
Bosanski (Bosnian)	1-800-758-1638
کوردی – بادینانی (Kurdish-Badinani)	1-800-758-1638
کوردی – سۆرانی (Kurdish-Sorani)	1-800-758-1638
Soomaali (Somali)	1-800-758-1638
Español (Spanish)	1-800-758-1638
Người Việt (Vietnamese)	1-800-758-1638



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