

Today's date: _____

Your name: _____

Home street address: _____ City: _____ State: _____ Zip: _____

Phone number: Daytime: _____ Evening: _____

Email address: _____

Languages spoken in the home: _____

Occupation: _____

Name of child with health needs/experiences (if more than one child, please add below):

_____ Child's DOB: _____

Child's primary diagnosis: _____

Other children? Yes (please enter names and dates of birth) No

Which campus does your family primarily go to: _____

Has your family gone to any other Children's Minnesota locations? (check all that apply)

Hospitals

- Children's Minnesota Minneapolis Hospital
- Children's Minnesota St. Paul Hospital

Specialty centers

- Children's Specialty Center
- Garden View Medical Building
- Children's Minnetonka Surgery and Specialty Center
- Children's Minnesota Roseville Physical Rehabilitation Clinic
- Children's Minnesota Woodbury Specialty Center
- Children's Minnesota Maple Grove Specialty Center



Primary care clinics

- Children's Minnesota Minneapolis Clinic
- Children's Minnesota St. Paul Clinic
- Children's Minnesota Metropolitan Pediatric Specialists Edina Clinic
- Children's Minnesota Metropolitan Pediatric Specialists Shakopee Clinic
- Children's Minnesota Metropolitan Pediatric Specialists Burnsville Clinic
- Children's Minnesota Hugo Clinic
- Children's Minnesota West St. Paul Clinic
- Children's Minnesota Partners in Pediatrics Brooklyn Park Clinic
- Children's Minnesota Partners in Pediatrics Maple Grove Clinic
- Children's Minnesota Partners in Pediatrics Plymouth Clinic
- Children's Minnesota Partners in Pediatrics Rogers Clinic
- Children's Minnesota Partners in Pediatrics St. Louis Park (Calhoun) Clinic

Mother Baby Centers

- The Mother Baby Center at Abbott Northwestern and Children's Minnesota
- The Mother Baby Center at United and Children's Minnesota
- The Mother Baby Center at Mercy with Children's Minnesota
- Michael and Ann Ciresi Midwest Fetal Care Center

Would you be able to make a commitment to join committees, family panels, etc. held on various dates and times? Yes No

If yes, what is your availability? Please indicate the hours you are available:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Daytime:						
Evening:						

Comments on availability?



What services has your family used? (Check all that apply.) Check **Past Year** if you have used this service within the past year or **Ever** if you have ever used this service.

ED/Inpatient:

Past Year Ever

- Emergency (ED)
- Infant care center (ICC)
- Neonatal intensive care unit (NICU)
- Pediatric ICU (PICU)
- Short stay (SSU)
- Special care nursery (SCN)
- Other inpatient unit _____

Specialty services:

Past Year Ever

Past Year Ever

- | | |
|---|---|
| <ul style="list-style-type: none"> Adolescent medicine Asthma/allergy Audiology Autism Cardiology Cath lab Cleft/craniofacial clinic Cystic fibrosis clinic Day/outpatient surgery Ear, nose and throat (ENT) Eating disorders Endocrine/diabetes Epilepsy clinic Feeding clinic Gastroenterology/GI Genetics Hematology/oncology Home care/hospice Immunology Integrative medicine | <ul style="list-style-type: none"> Immunology Lab Nephrology Neurology Neurosurgery NICU follow up clinic Orthopedics Pain/palliative care Pharmacy Psychiatry Psychology Radiology Respiratory/
pulmonology Sleep lab/center Special diagnostics Surgery Trauma Urology Others: |
|---|---|

Rehabilitation:

Past year Ever

- Animal assisted therapy
- Physical therapy
- Occupational therapy
- Speech language therapy

