



HCP: CYSHCN Medical Conditions



Last Name: _____ First Name: _____ Date of Birth: __/__/____

Select all that apply.

<input type="checkbox"/> Allergies (severe)	<input type="checkbox"/> Fetal Alcohol Syndrome
<input type="checkbox"/> Arthritis or other joint problems	<input type="checkbox"/> Gastrointestinal problems
<input type="checkbox"/> Asthma	<input type="checkbox"/> Genitourinary problems
<input type="checkbox"/> Attention deficit disorder or attention deficit hyperactivity disorder (ADD or ADHD)	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Autism Spectrum Disorder (including Asperger's disorder, pervasive development disorder)	<input type="checkbox"/> Hydrocephalus/anencephaly/microcephaly
<input type="checkbox"/> Blood problems (such as anemia, sickle cell disease, hemophilia)	<input type="checkbox"/> Immune system disorder
<input type="checkbox"/> Brain injury (acquired)	<input type="checkbox"/> Kidney disease
<input type="checkbox"/> Brain injury (traumatic)	<input type="checkbox"/> Learning problems
<input type="checkbox"/> Cardiac defect	<input type="checkbox"/> Limb reduction anomalies
<input type="checkbox"/> Cardiac disease	<input type="checkbox"/> Mental health problems – diagnosed (such as depression, bipolar disorder, personality disorder, schizophrenia)
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Mental health/behavioral problems - undiagnosed
<input type="checkbox"/> Chromosomal disorders & genetic syndromes (other than Down syndrome)	<input type="checkbox"/> Metabolic disorders
<input type="checkbox"/> Chronic ear infections	<input type="checkbox"/> Migraines or frequent headaches
<input type="checkbox"/> Circulatory system problems (excluding cardiac problems)	<input type="checkbox"/> Movement disorders (such as Tourette syndrome, tics)
<input type="checkbox"/> Cleft lip and/or palate	<input type="checkbox"/> Musculoskeletal disorders
<input type="checkbox"/> Congenital anomalies	<input type="checkbox"/> Neoplasms - benign
<input type="checkbox"/> Connective tissue disorders (such as osteogenesis imperfecta)	<input type="checkbox"/> Neoplasms - malignant
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neurofibromatosis
<input type="checkbox"/> Degenerative neuromuscular disorders (including muscular dystrophy)	<input type="checkbox"/> Neurological disorders
<input type="checkbox"/> Developmental delay - cognitive	<input type="checkbox"/> Newborn Intensive Care Unit (NICU) graduate
<input type="checkbox"/> Developmental delay – global	<input type="checkbox"/> Obesity
<input type="checkbox"/> Developmental delay - motor	<input type="checkbox"/> Prematurity (<37 weeks by date)
<input type="checkbox"/> Developmental delay - speech	<input type="checkbox"/> Respiratory conditions
<input type="checkbox"/> Developmental disability	<input type="checkbox"/> Skin & subcutaneous tissue problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Spina bifida
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Spinal disorders
<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Spinal injuries
<input type="checkbox"/> Endocrine disorder (other than diabetes)	<input type="checkbox"/> Trouble hearing/deafness
<input type="checkbox"/> Epilepsy or seizure disorder	<input type="checkbox"/> Trouble seeing/blindness
<input type="checkbox"/> Failure to thrive	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other:	

ICD-9 Codes (Optional)