



REFERRING A CHILD CHECKLIST & APPLICATION

Please note: Your application will not be processed if all of the following documents are not included in this application. A complete application helps to ensure your package will be processed and not returned.

To be submitted by the parent or referring party:

- MKI Completed Social History Form
- MKI Medical Records Release Form
- Full body photo of child (with underwear please)
- Side view photos of child (with underwear please)
- A photo of your family
- A photo of your home

To be submitted by the child's physician:

- MKI Completed Medical History Form
- MKI Completed Vaccination Record

To be included in this package:

- Echo (within 6 months), x-rays, MRI/CT Scans, blood work, previous surgeries, etc.

IMPORTANT NOTE - PLEASE READ CAREFULLY!

Mending Kids International (MKI) provides correctable, surgical procedures to children under the age of 16 living outside the United States who do not have access to the surgical care they need. At this time, MKI does not provide surgical care for children requiring organ transplants, treatment for cancer, children with multiple disabilities and syndromes.

By submitting this application, you understand that MKI will pay for the cost of the surgery and some related expenses, and will decide the location where the surgery will take place. In most instances, the child will travel with a MKI member and stay with a Host Family during their surgery and recovery. Once your child's application is approved, you have 72 hours to confirm your desire for surgery giving full consideration to the entire MKI program. Failure to respond within this timeframe will result in a formal "lost contact" from the program and will require a new application and wait time.

4100 W. Alameda Avenue, Suite 103 Burbank, California 91505 818-843-6363 phone 818-843-635 fax



MEDICAL RECORDS RELEASE FORM

Child's Full Legal Name: _____

Child's date of Birth: _____

I hereby authorize Mending Kids International to release my child's medical records, including office notes, x-rays, and reports, operative reports and any other information regarding medical consultations and treatment my child has received to Mending Kid International's hospital and mission partners for surgical treatment.

Full legal name of parent/guardian

Date

Signature of parent/guardian

Signing this document releases your child's medical records to Mending Kids International for consideration into our program, but does not guarantee acceptance.



MEDICAL HISTORY FORM - FOR DOCTOR ONLY

Child's FULL LEGAL Name _____

Child's Date of Birth _____ Age _____ Sex _____ Grade in School _____

Surgical Recommendation for MKI Funding Consideration _____

IMPORTANT: Funding is considered for specific SURGICAL procedures ONLY. Applications are denied if this section is not complete or left intentionally blank. MKI does not pay for diagnostic treatment. The need for a specific surgical procedure(s) must already be identified by the doctor prior to applying with MKI.

Surgical Timeframe (please be specific) _____

Primary Diagnosis _____

How was Diagnosis Confirmed? _____

Other Past and Present Medical Problems (Indicate if resolved):

Head and Neck (include dental issues) _____

Lungs _____

Heart _____

Abdomen (include intestinal parasites/worms) _____

Kidney/Bladder _____

Bones/Joints (include spine problems/scoliosis) _____

Hair/Skin/Nail (include scabies, head lice, ringworm) _____

Behavior/Development (include bedwetting, ambulation, etc) _____

Allergies _____

Developmental Delays/Special Needs _____

Current Medications, Dosage, and Indication:

1. _____

2. _____

3. _____

Most Recent Physical Examination:

Date _____ Age _____ Weight _____

Vital Signs:

BP _____ TEMP _____ PULSE _____ RESP. _____

Significant Physical Findings: _____
If Heart Disease, O2 sat in Room air _____

Physician's Name

Physician's Signature

Telephone

Date

4100 W. Alameda Avenue, Suite 103 Burbank, California 91505 818-843-6363 phone 818-843-635 fax



VACCINATION FORM - FOR DOCTOR ONLY

Child's FULL LEGAL Name _____

Vaccine	Date Given	Date Given	Date Given	Date Given
Hepatitis A				
Hepatitis B				
DTP				
Polio				
MMR				
Varicella				
H. Influenza B				
Others				

TB Skin Test date and result _____

Chest X-ray if (+) TB Skin Test, date and result _____

HIV antibody screening test date and result _____

If no/incomplete Hepatitis B Vaccines, please give dates and results of:

HepB surface Antigen _____ HepB surface Antibody _____ HepB core Antibody _____

If child did not receive immunizations, please indicate reason _____

Other medical information that MKI, Hospital, and Host family need to know about the child

I certify that the above information is correct.

 Physician's Name Physician's Signature Telephone Date



SOCIAL HISTORY FORM

Child's FULL LEGAL Name _____

Child's Date of Birth _____ Age _____ Sex _____ Grade in School _____

Child's Address _____
Number and Street City Country Postal Code

Phone _____ Email _____

Child Lives with: _____
Father's Name/Other Guardian & Relationship Mother's Name/Other Guardian & Relationship

Referring Organization (if applicable) _____

Contact at Organization _____ Email _____

Telephone Number _____

Father's Occupation _____ Mother's Occupation _____

Total Annual Income in US \$ _____

Members of Household: List Everyone Living in Home Including Relatives

Name/Relationship	Age	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have Relatives in the U.S.? If yes, explain who and where they live _____

Describe any issues MKI should be aware of when caring for your child (bedwetting, discipline problems, likes and dislikes, temperament, etc.) _____

Describe a typical day's food (include any food allergies) _____

Religious preference _____

How did you hear about MKI? _____