

- | | |
|------------------------------------|--|
| Neurogenic Bowel | Osteomyelitis |
| Pyloric Stenosis | Scoliosis |
| Enuresis | Anxiety Disorder |
| GU Reflux | Attention Deficit Hyperactivity Disorder |
| Neurogenic Bladder | Auditory Processing Disorder |
| Recurrent Urinary Tract Infections | Autism or Autism Spectrum Disorder |
| Renal Failure | Bipolar Disorder |
| Urinary Incontinence | Delay in Toilet Training |
| Pregnant | Depression |
| Sexually Transmitted Disease (STD) | Post Traumatic Stress Disorder |
| Amputation | Oppositional Defiance Disorder |
| Club Foot | Schizophrenia |
| Congenital Hip Dysplasia | Substance Abuse |
| Muscular Dystrophy | |
| Other | |
| Specify Other Condition | |

CONSENT

- 63 Are you ok if we share the information we discussed today with your child's doctor and others who may be involved in your child's care?**
Yes
No

CASE MANAGER

- 64 ONLY need to ask the member this question directly if Case Manager is uncertain at this point in the assessment. How confident are you, as the Case Manager, that this member can do the things they need to do to take care of their health?**
Extremely
Quite a bit
Somewhat
A little bit
Not at all
- 65 ONLY need to ask the member this question directly if Case Manager is uncertain at this point in the assessment. How confident are you, as the Case Manager, that this member will ask their provider questions and bring up their concerns?**
Extremely
Quite a bit
Somewhat
A little bit
Not at all
- 66 End of assessment**