



## Treatment Component:

I am willing to participate in the following treatment programs of Young & Healthy (check all that apply):

- I will provide \_\_\_\_\_ free office visit(s) per week.
- I will provide \_\_\_\_\_ free office visit(s) per month.
- I will see \_\_\_\_\_ child/children through the course of their particular illness.
- I will provide complete history & physical exam for diagnostic and referral purposes \_\_\_\_\_ times per month.
- I will provide a "medical home" for a child or family of children with chronic medical needs.
- I would be happy to provide care for young adults (ages 18-25) leaving foster care

## Critical Need Criteria

Top 3 Symptoms or Complaints you serve best: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

List of Contradictions for Care in your office? (ie: reasons a child with the above symptoms would not be a candidate for care: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## Specific times & days of the week that you are available:

- AM**  Monday  Tuesday  Wednesday  Thursday  Friday  
**PM**  Monday  Tuesday  Wednesday  Thursday  Friday

## Education Component:

I am willing to give group lectures or participate in small group discussions with parents in the community to help them better deal with their children's health needs. I would be willing to lead a session on the following topic(s):

**Schedule Availability** (check/circle all that apply)

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  
AM/PM/Eve AM/PM/Eve AM/PM/Eve AM/PM/Eve AM/PM/Eve AM/PM/Eve

***As part of my professional response to the need for health care of large numbers of under and uninsured children in the Pasadena community, I am volunteering the services I have checked, above, for children identified by Young & Healthy.***

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail, FAX or email this form to:  
Young & Healthy, 136 West Peoria Street, Pasadena, CA 91103, Fax: (626) 795-8154,  
email: [info@yhpasadena.org](mailto:info@yhpasadena.org)