



Place at the front of chart

Child's Name: _____

Date of birth: _____ Date into FC: _____ Number of placements: _____

Caseworker name: _____	Foster parent(s) name(s): _____
Office phone: _____	_____
Fax: _____	Address: _____
Cell phone: _____	_____
E-mail: _____	Home phone: _____
	Cell phone: _____

PLACEMENT GOAL:

- Reunification
 Adoption
 Guardianship
 Kinship care
 Independent living

HEALTH HISTORY

Chronic health diagnoses: _____

Medications for chronic conditions: _____

Acute issues: _____

Allergies: _____

Immunization records obtained: Up-to-date Not up-to-date No records

HEALTH SUPERVISION

Please note the following should take place **every visit**:

- **Every month for the first 6 months of age**
- **Every 3 months from 6 months to 2 years of age**
- **Twice a year after 2 years of age**

For All Children and Teens

- | | |
|---|---|
| <ul style="list-style-type: none"> • Physical health and growth • Plot growth, BMI (HC until age 3) • Chronic medical needs • Hearing/vision • Dental • Nutrition • Immunizations • Relationship issues (foster family, birth family, etc) • Adjustment to placement, visitations, etc • Developmental/school needs/functioning | <ul style="list-style-type: none"> • Normalizing activities • Foster parent support • Permanency plan • Foster parent needs • Services (eg, Medicaid/SSI, mental health, early intervention, special education/IEP) • Summary for caseworker • School adaptation and function • Monitor for child abuse/neglect • Behavioral/emotional issues that may have arisen |
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HEALTH SUPERVISION (cont'd)

For Teens

- Substance abuse/use
- Sexuality/sexual safety
- Birth control
- Sexual orientation
- Screening for STIs
- Partner violence
- Education/career plans and goals
- Normalizing activities
- Independent living skills, supports

INITIAL HEALTH EVALUATIONS

- Consents obtained
- 72-hour assessment completed
- 30-day comprehensive assessment completed
- 90-day follow-up completed
- Old records: _____

INITIAL HEALTH SCREENING (Within 72 hours of placement)

✓

	Request consent to treat and health insurance information from caseworker
	Date of screening:
	Obtain any health history from: <input type="checkbox"/> Child/teen <input type="checkbox"/> Caseworker <input type="checkbox"/> Foster parent <input type="checkbox"/> Prior physician <input type="checkbox"/> Birth parent/caregiver, if available
	Request: immunization record, full medical records, newborn screen for children under age 3 years
	Height, weight (and head circumference for child under age 3 years); plot on growth curve; BMI
	Vital signs (including blood pressure if 3 years or older)
	Screen for and document signs of child abuse and neglect <input type="checkbox"/> Skin (bruises, cuts, welts, burns, other trauma) <input type="checkbox"/> Range of motion of all joints <input type="checkbox"/> External genitalia for signs of trauma, discharge (refer to specialty site if concerns)
	Identification of acute or chronic health issues
	Developmental screen using validated screening instrument for all children under age 6 years (immediate referral for severe delay)
	Mental health screen using validated screening instrument for all children over age 5 years (immediate referral for major depression, suicidality, violent behavior or ideation)
	Actions that <i>may</i> be required with health screen <input type="checkbox"/> Referral to subspecialist or pediatric or psychiatric emergency department for conditions requiring immediate attention <input type="checkbox"/> Referral to a child abuse evaluation site for suspected sexual abuse <input type="checkbox"/> Treatment of any acute or chronic illness identified <input type="checkbox"/> Ensure child has necessary prescriptions for medication, equipment
	Actions <i>required</i> after health screen: <input type="checkbox"/> Written communication with the child's caseworker <input type="checkbox"/> Schedule Comprehensive Admission Health Assessment <input type="checkbox"/> Ongoing communication with caseworker regarding health history and health issues

COMPREHENSIVE ADMISSION HEALTH ASSESSMENT (Within 30 days of placement)

Date of assessment: _____

- Screen for signs of child abuse and neglect
- Further identification of chronic health issues
- Treatment plan shared with caseworker and foster parent

Comprehensive mental health evaluation Practitioner: _____ Date: _____ Treatment plan: _____
_____ Ongoing service provider: _____**Comprehensive developmental evaluation (if under age 5 years)** Practitioner: _____ Date: _____ Treatment plan: _____
_____ Ongoing service provider: _____**Comprehensive educational evaluation (if 5 years or older)** School: _____ Date of evaluation: _____ Individual education plan: _____
_____**HIV risks assessment** Screening if risk assessment is positive**Other recommended laboratory tests at entry to foster care**

- HEP B screen
- HEP C screen
- RPR
- Hemoglobin
- PPD
- Lead (under age 6 years)