



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**

- 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
- 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

**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:
	<b>Obtain any health history from:</b> <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)
	<b>Screen for and document signs of child abuse and neglect</b> <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)
	<b>Actions that <i>may</i> be required with health screen</b> <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
	<b>Actions <i>required</i> after health screen:</b> <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)