

MEDICAL EXAMINATION FORM – INSTRUCTIONS

Please refer to the **MEDICAL RECORD PROCEDURES FOR FOSTER CAREGIVERS** on the reverse side of this form.

(To be completed by CSW/Caregiver. Please print legibly.)

- Infants (0-36 months) or "High Risk" children must be medically examined within three (3) days of initial placement. "High Risk" means one or more of the following conditions exists: a past or present significant medical problem or chronic illness; possible contagious disease; on medication; and/or a social problem (e.g., language barrier) which might conceal an unmet medical need.
- Child must have medical exam within thirty (30) days of initial placement.
- Child needs annual/age-appropriate medical exam by _____.

CHILD's NAME: _____ DOB: _____ CASE #: _____ DATE PLACED: _____

CAREGIVER: _____ (Phone) _____ (FFA) _____ (Phone) _____

CSW: _____ (File #) _____ (Phone) _____ (Fax) _____

Medical data entered into CWS/CMS by: (Name) _____ (Date) _____

MEDICAL EXAMINATION FORM (To Be completed by Doctor.)

PHYSICAL EXAMINATION

Doctor is a CHDP provider? Yes No Was child tested for lead poisoning? Yes No

Date of Physical Examination: _____ Name of Doctor: _____

- Initial CHDP/CHDP-equivalent examination.
- Annual/age-appropriate CHDP/CHDP-equivalent examination.
- Other/Follow-up visit.
- Doctor's own exam form or PM 160 attached. If not attached, complete below.
- Entered into Health and Education Passport.

Physical Exam results: Age: (Yrs.): (Mos.): (Wks.) Height: % Weight: %
 Body Mass Index (BMI) Score: Body Mass Index %:

(May be continued on additional pages in necessary. If so, provider must date and sign second page.)

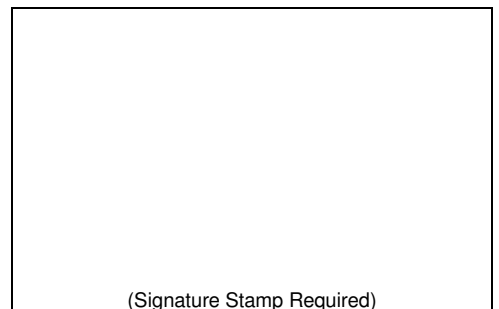
(Treatment given; Medications Prescribed. Please attach copies of supporting documentation; test results, etc.)

If follow-up care indicated, specify: _____

Immunizations given: _____
(If appropriate, complete immunization Record)

Signature of Health Care Provider: _____ (Date) _____
(Doctor, Nurse Practitioner, Physician's Assistant)

Address: _____ Phone: _____



MEDICAL RECORD PROCEDURES FOR FOSTER CAREGIVERS

Caregiver is a Foster Parent, Relative, Group Home, or Foster Family Agency.

The HEALTH & EDUCATION PASSPORT (HEP) BINDER accompanies each child at the time of placement. The Children's Social Worker (CSW) will review the HEP BINDER with you at each visit.

The Health and Education Passport must be taken to all medical visits, including the initial examination visit. The health care provider must record all current medical services on the DCFS 561(a). Please add completed forms to the child's HEP BINDER.

Immediately notify the child's CSW (or Supervising CSW, if the CSW is unavailable) when there is any change in the child's mental, medical and/or dental health that required urgent medical care.

If the child is removed from your care, the child's complete HEP BINDER, including the Immunization Record, shall be returned to the CSW *at the time of removal*, as the HEP BINDER must accompany the child upon replacement.

Please use the Child Health and Disability Prevention (CHDP) Program for medical and dental examinations. Please refer to the following CHDP periodicity schedule. For more information on the CHDP program please refer to the CHDP brochure in the HEP BINDER.

HEALTH CARE EXAMINATIONS PERIODICITY SCHEDULE

Within 30 days of the initial placement, all foster children must have a medical examination.

Children under age 2 years require more frequent medical examinations as follows:

- Children from birth to 6 months need an examination every two months.
- Children from 7 to 15 months need quarterly (every 3 months) examinations.
- Children 16 to 23 months need semi-annual (every 6 months) examinations.
- Children 24 months and older need annual (yearly) examinations.
- Children are also to have immunizations according to the current Recommended Childhood Immunization Schedule.