**HEALTH INFORMATION FORM**

Place at the front of chart

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name:</td>
<td>________________</td>
</tr>
<tr>
<td>Date of birth: Date into FC: Number of placements:</td>
<td>____________</td>
</tr>
</tbody>
</table>

| Caseworker name: Foster parent(s) name(s): | ________________ | ________________ |
| Office phone: Fax: Cell phone: E-mail:   | ________________ | ________________ | ________________ | ________________ |

**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

---

This resource has been developed by the American Academy of Pediatrics (AAP). It is provided only as a reference for practices developing their own materials and may be adapted to local needs; however, the AAP does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes. An attorney knowledgeable about the laws of the jurisdiction in which you practice should be consulted prior to creating or using any legal documents. The recommendations in this publication do not indicate an exclusive course of treatment. Variations, taking into account individual circumstances, may be appropriate.
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: |
| Child/teen | Caseworker | Foster parent |
| Prior physician | 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 |
| Skin (bruises, cuts, welts, burns, other trauma) |
| Range of motion of all joints |
| 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 may be required with health screen |
| Referral to subspecialist or pediatric or psychiatric emergency department for conditions requiring immediate attention |
| Referral to a child abuse evaluation site for suspected sexual abuse |
| Treatment of any acute or chronic illness identified |
| Ensure child has necessary prescriptions for medication, equipment |
| Actions required after health screen: |
| Written communication with the child’s caseworker |
| Schedule Comprehensive Admission Health Assessment |
| 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)