

Children's HOPE

Making a Difference!

Physical Examination

Client's Name:	Date of Birth:	Sex:
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Name of Agency: Children's Hope Foster Family Agency Facility Licenses: #045001192 #045002495	Agency Address: P.O. Box 901 567 Virginia St. Gridley, Ca. 95948	Agency Phone #: 530-846-4955
		Agency Fax #: 530-846-4954

Measurements

Height(inches):	Hematocrit:
Weight(lbs):	Hemoglobin:
Head Circumference: (Up to age 2 yrs.):	Blood Pressure: /

<u>Assessments</u>	Normal	Abnormal	Not Given
Health & Development History			
Physical Examination			
Dental Assessment			
Nutritional Assessment			
Vision Screening			
Audiometric Screening			
Hematocrit or Hemoglobin			
Urinalysis			
Blood Lead Test			

<u>TB Risk Assessment/Test</u>
<p align="center">TB Risk Assessment REQUIRED</p> <p align="center">Does a TB test need to be done? Yes No</p> <p align="center">Type of test ordered</p>
Test results:
Date of results:

<u>Immunizations</u>	Up to Date	Given	Status Unknown
DPT/Td			
H. Flu			
Polio-Oral or IPV			
Measles			
Mumps			
Rubella			
Hepatitis B			

<u>Comments/Problems</u>
If a problem is diagnosed this visit, please enter your diagnosis in this area

Please list any currently prescribed medication being taken by the client	1.
	2.
	3.
	4.
	5.

<u>Physician's Name, Address & Phone #</u>	<u>Signature of Physician</u>
	Date of service:

Mailing Address
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