

Patient Information

Date of Birth	Date of Physical Exam	
	□ Yes	□ No
	□ Yes	□ No
	□ Yes	□ No
	Date of Birth	□ Yes

*** ALL INFORMATION BELOW IS <u>REQUIRED ANNUALLY</u> AND MUST LIST <u>DATE</u> OF TEST WITH <u>RESULTS</u> ***

ТҮРЕ	DATE	RESULTS	NORMAL	REFERRED	UNDER CARE
Height					
Weight					
Blood Pressure					
Vision Screening					
Hearing Screening					
Hematocrit/Hemoglobin					
Lead*					

*Blood Lead Levels are required for all children enrolled in Medicaid & Head Start and must be tested at 1 and 2 years of age, or once between 3 - 6 years of age if not previously tested at <u>both</u> 1 and 2 years of age. All children under age 6 on Medicaid and/or enrolled in Head Start need a blood lead test completed at 3 years of age per Federal Head Start requirements (or at 4 years of age if not completed at 3 years).

Oral Health Screening

Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment and refer to a dental home.

Special Conditions or Considerations

If any screenings are failed or abnormal, please describe treatment plan or follow-up recommendations:

Critical Medical Conditions

Please list any medical conditions (including asthma, food allergy, seizures, nutritional concerns, abnormal findings and disabilities that can be supported by our program):

Health Provider Contact Information and Signature

Print Provider Name: _____

Address: _____

Phone #:

FAX #:

Provider Signature

Date of Signature



Date Head Start Program received & initials _____