

Patient Information

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Child's Name
Date of Birth
Date of Physical Exam

Is child up-to-date on all well child care?

☐ Yes ☐ No

If NO, please explain what is needed: _____

This practice is the child's medical home?

☐ Yes ☐ No

Is child a WIC Participant? (FAX referral to 734-544-6725)

☐ Yes ☐ No

***** ALL INFORMATION BELOW IS REQUIRED ANNUALLY AND MUST LIST DATE OF TEST WITH RESULTS *****

TYPE	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 _____

