Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0678 Foster Parent/Other Adult Medical Report

This form is completed by the foster parent/other adult and a licensed health care provider.

1. Fill in demographic data.

2. If anyone in the home is a smoker, fill in the name and relationship to the foster parent as well as number of cigarettes smoked per day.

3. List the regular medical health care provider of the foster parent and including date of the last visit to that provider.

4. List any hospitalizations for mental health issues or suicide thoughts or suicide attempts including dates of hospitalizations and treatments received.

5. The TB information is completed by the MD/NP/PA. If a risk assessment is done and the results show no or low risk, a TB skin test is not required. If results show no risk, mark "Not at Risk".

6. List any special needs or disabilities which affect the daily activities of the foster parent. This can include movement disorders requiring mobility aids, special sense issues such as loss of hearing or sight, respiratory problems requiring breathing treatments or oxygen, etc.

7. List any current medical problems which have been diagnosed or treated by the health care provider.

8. The health care provider shall specify any issues they deem important that could interfere with the foster parents' ability for care for a child or enhance their ability to care for a child. The health care provider should also indicate any conditions detrimental to a child's placement in the home related to other household adults, when applicable.

9. The health care provider will check the appropriate box as recommending or not recommending this person as a foster/adoptive parent or the not applicant with no concerns option.

10. Comment section is for the health care provider to add any additional information that may be pertinent to the Department regarding the ability of the person to be a foster/adoptive parent or reside with children.

11. Finally, the health care provider shall print their name, sign and date the form.