

Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0885
Medical Report for Transfer or Release

1. Fill in the child/youth's name and date of birth.
2. Fill in the date of transfer, the name of the sending residential facility.
3. Destination is the new placement (can be a residential facility, resource home or family home upon discharge).
4. Significant health conditions/findings include any current health condition, illness or disability that is currently being treated by medical professionals or therapists or that may impact the care the child/youth requires.
5. Significant laboratory data includes any abnormal laboratory results that a new health care provider needs to know to continue to adequately treat or provide for follow-up.
6. Present medication includes any prescribed medications or other-the-counter medications the child/youth takes on a regular or PRN (as needed) basis.
7. Specific treatment recommendations include any current procedures the child/youth receives as a result of their specific medical condition.
8. Follow-up appointments include any medical appointments already arranged or any medical appointments the child/youth will need once they have been moved to a new placement. Add the reasons the appointments are needed.
9. Other information includes any pertinent medical information that may impact the child/youth's care or treatment in a new placement.
10. Signature and date line for staff completing the form.