Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0427
Child's Medical Record

This form is completed by the resource parent and a licensed health care provider.

1. Fill in demographic data.

2. Check the appropriate box if immunizations are up-to-date and whether an immunization record is available for review. If a child is not receiving immunizations an explanation should be included.

3. List the regular medical health care provider of the child 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. Information regarding the child's drug/alcohol history must be completed.

6. The TB information is completed by the health care provider. If a risk assessment is done and the results show no or low risk, a TB skin test is not required and can be left blank.

7. List any special needs or disabilities which affect the daily activities of the child. 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, autistic spectrum disorders, etc.

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

9. 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 family to be a resource/adoptive home.

10. Lastly the health care provider shall print their name, sign and date the form.