Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0707
Medical Self-Report

This form is completed by the Foster Parent on an annual basis to report any changes in their own medical or physical status. This form is changed to include a report by the Foster parent on their biological or adoptive children's health status.

I: **Demographic information: Complete last name first, first name**
DOB, SSN, Sex, Race
Address, State, Zip code

II: **Language spoken in home**

III: **Current medications and Dosage for Foster Parent and birth or adoptive children in home.**

IV: **Allergies: Please list all medical allergies and environmental allergies**

V: **Special Diet: Please list dietary restrictions related to medical, allergy, religious, or special preference such as vegetarian.**

VI: **Medical: include regular medical doctor contact information, date of last visit.**
Mental Health issues: Answer specific Questions.

VII: **List any Alcohol or Drug History issues, check boxes and explain as necessary**

VIII: **Bottom section is for birth or adoptive Children in the home ONLY:**
Immunizations: Up to date and recent and if so is there a record available.

IX: **Any changes to physical, mental or emotional health since last home study reassessment? If so please make note. You may be requested to see your physician to update your medical history.**

X: **Please sign and Date form.**
Give to your Foster Parent Support worker As soon as possible.