

NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY

CHDP/Health Care Program for Children in Foster Care

2261 Elm Street, Napa, CA 94559

Phone: (707) 259-8723 Fax: (707) 299-4496

HEALTH CONTACT FORM

DATE OF EXAM: _____

Please complete this form for every medical, dental and specialty visit (including CHDP examination).

SECTION A (Completed by Substitute Care Provider)

Child's Name: _____

DOB: _____

Social Worker /Probation Officer _____

Phone No: _____

Foster parent/Group home: _____

Phone No: _____

Doctor/Dentist: _____

Phone No: _____

Doctor/Dentist Address: _____

Phone No: _____

SECTION B (Completed by Health Care Provider or Substitute Care Provider)

TYPE OF VISIT

| <u>MEDICAL</u> | <u>DENTAL</u> | <u>SPECIALIST HEALTH/DDS THIS VISIT</u> |
|--|--|---|
| <input type="checkbox"/> CHDP Physical <input type="checkbox"/> Routine Well Child Exam <input type="checkbox"/> Sick Visit/Urgent Care <input type="checkbox"/> Follow-Up <input type="checkbox"/> Immunizations only visit | <input type="checkbox"/> Exam & Cleaning <input type="checkbox"/> Treatment <input type="checkbox"/> Follow-Up <input type="checkbox"/> Oral surgery <input type="checkbox"/> Root Canal | <input type="checkbox"/> Type _____ <input type="checkbox"/> Follow-Up _____ |
| Height: _____ (_____ %) | Vision: Rt: _____ Lt: _____ | Hgb/Hct: _____ |
| Weight: _____ (_____ %) | Hearing: Rt: _____ Lt: _____ | Lead: _____ |
| Head Cir: _____ (_____ %) | | |
| <u>DIAGNOSIS/ TREATMENTS/ MEDICATIONS(with dose):</u> | <u>IMMUNIZATIONS:</u> IPV, OPV 1__ 2__ 3__ 4__ 5__ DTP, DTAP, TDAP 1__ 2__ 3__ 4__ 5__ HIB 1__ 2__ 3__ 4__ HEP B 1__ 2__ 3__ MMR 1__ 2__ VARICELLA 1__ 2__ HEP A 1__ 2__ PPD 1__ Results: <input type="checkbox"/> Neg <input type="checkbox"/> Pos MENACTRA: _____ HPV: _____ INFLUENZA/ H1N1 _____ PNEUMOCOCCAL _____ ROTAVIRUS _____ OTHER _____ | |
| <u>DEVELOPMENTAL ASSESSMENT:</u> Normal _____ Abnormal: _____ (Explain) | <u>REFERRALS MADE:</u> | |

FOLLOW-UP APPOINTMENT SCHEDULED: Y N Date: _____

HEALTH CARE PROVIDER SIGNATURE: _____

Please MAIL completed form to address at top of this page, GIVE to SW/PO or FAX to (707) 299-4496. Thank You