

Boulder County DHHS

Health Form for Foster Children

To be completed at all appointments with Health Providers including physical exams or any medical appointments/assessments, dental, vision, emergency visits, specialists and/or Well Baby Checks.

***Well Baby Checks** must be completed for children age two and under at 2, 4, 6, 12, 18 and 24 months.

Child's Name: _____ DOB: _____ Medicaid #: _____

Current Placement: _____ Date of Health Appointment: _____

Medical Exam - Diagnosis and Treatment:

Height: _____ Weight: _____ BP: _____ Temp: _____

Prescribed medication and instructions for use:

Vision: Pass Fail Referred for additional Testing

Diagnosis _____

Hearing: Pass Fail Referred for additional Testing

Diagnosis _____

Dental Exam - Diagnosis and Follow-Up Treatment Recommendations:

Signature of Health Provider

Name of Health Care Facility

Name of Health Provider (please print)

Address

Phone