

Medical Care Documentation Form #TFP-03

Instructions: The initial comprehensive health care screening upon admittance to AFY must include a physical examination, hearing screen, vision screen, lead exposure screen (under age 6), developmental assessment (under age 5) and immunizations. A dental exam is required for youth ages 3 and older.

Date of visit: _____

Name: _____

Date of Birth: _____

Physical Examination / EPSDT

Height:	Weight:	Blood Pressure:
Abdomen :	Lungs:	
Ears:	Genitals:	
Eyes:	Hernia:	
Heart:	Extremities:	
Nose:	Dermis:	
Mouth:	Lymph System:	
Throat:	Posture/Spine:	
<input type="checkbox"/> Vision Screen (upon placement and at least every 2 years): Right: _____ Left: _____		<input type="checkbox"/> Hearing Screen (upon placement and as symptoms indicate): Right: _____ Left: _____

Lead Screen (under age 6)

Developmental Assessment: (under age 5)

Gross and Fine Motor:	
Communication Skills:	
Self-Help Skills:	
Social-emotional:	
Cognitive Skills:	

Dental Examination (ages 3 and older)

Other (specify): _____

Results:

Diagnosis:

Recommendations:

List all medications prescribed:

Signature and Credentials of Health Care Provider Date

Print or Stamp provider's name, address and phone number: _____

Effective Date: December 1, 2007