## WASHOE COUNTY DEPARTMENT OF SOCIAL SERVICES

coster Parent:	Μ	lonthly Medical History	Form for Child	fren in Foste	r Care	
Foster Parent:	Fo	the Month of	Fc	or the Year o	f	
Doctor:	Child's Name:		Date Comple			No.:
Doctor:					□ No	New Information
Diagnosis:  Diagnosis:  Wedication(s):  DENTAL INFORMATION: No New Information Doctor:  Counseling that apply):  Counseling information C					Appt Date	[
DENTAL INFORMATION: No New Information   Dector: Appt. Date:   Reason for Visit (check all that apply): Appt. Date:   Scheduled Check-up Cleaning   Braces Cavity Filling   Cher: Wedication(s):   COUNSELING INFORMATION: No New Information   Therapist: No New Information   Prescribed by: Date of Last Med. Eval/Check:   Diagnosis: No New Information   School: Grade:   No New Information No New Information   Where: Physician:   Output: Discharge Date:   Reason: Discharge Date:   Admit Date: Discharge Date:   Admit Date: No New Information   Where: Why:   Where: Why:	Diagnosis:					
DENTAL INFORMATION:       No New Information         Dector:       Appt. Date:         Reason for Visit (check all that apply):       Appt. Date:         Scheduled Check-up       Cleaning       Braces         Other:       Wedication(s):       Oral Surgery         Wedication(s):       No New Information         Therapist:       No New Information         Prescribed by:       Date of Last Med. Eval/Check:         Diagnosis:       No New Information         School:       Grade:         Monone:       Physician:         Prescribed by:       Discharge Date:         No New Information       No New Information         School:       Grade:         Mere:       Physician:         Prescribed by:       Discharge Date:         Reason:       No New Information         Where:       No New Information         Where:       Physician:         No New Information       No New Information         Where:       No New Information         Where:       Why:         Where:       Why:						
DENTAL INFORMATION: No New Information   Dector: Appt. Date:   Reason for Visit (check all that apply): Appt. Date:   Scheduled Check-up Cleaning   Braces Cavity Filling   Cher: Wedication(s):   COUNSELING INFORMATION: No New Information   Therapist: No New Information   Prescribed by: Date of Last Med. Eval/Check:   Diagnosis: No New Information   School: Grade:   No New Information No New Information   Where: Physician:   Output: Discharge Date:   Reason: Discharge Date:   Admit Date: Discharge Date:   Admit Date: No New Information   Where: Why:   Where: Why:	Medication(s):					
Doctor: Appt. Date:   Reason for Visit (check all that apply): Scheduled Check-up   Cleaning Braces   Cavity Filling Extractions   Oral Surgery   Other:   Wedication(s):   COUNSELING INFORMATION:   Interapist:   Frequency of Appts:   Wedication(s):   Prescribed by:   Date of Last Med. Eval/Check:   Diagnosis:   SCHOOL INFORMATION:   No New Information   School:   Grade:   HOSPITALIZATION:   No New Information   School:   Physician:   Physician:   Polow-Up Instruction:   Any OTHER EXAMS/APPOINTMENTS:   No New Information   When:   Where:   Where:   Where:   Where:   Where:   Where:						
Reason for Visit (check all that apply):   Scheduled Check-up   Other:   Wedication(s):   COUNSELING INFORMATION:   Interapist:   Frequency of Appts:   Medication(s):   Prescribed by:   Diagnosis:   SCHOOL INFORMATION:   No New Information   School:   HOSPITALIZATION:   No New Information   School:   Mere:   Physician:   Colow-Up Instruction:   No New Information   Where:	DENTAL INFORMATION:				🗆 No	New Information
Scheduled Check-up Cleaning Braces Cavity Filling Extractions Oral Surgery   Other:	Doctor:				Appt. Date:	
COUNSELING INFORMATION:       No New Information         Therapist:			Cavity Fi	illing 🗆 E	Extractions	□ Oral Surgery
Therapist:  Frequency of Appts:  Medication(s): Prescribed by: Date of Last Med. Eval/Check:  Diagnosis:  SCHOOL INFORMATION:  No New Information School:  Grade:  No New Information Mhere:  No New Information Nhen:  Where:  Why:	Medication(s):					
Frequency of Appts:	COUNSELING INFORMATION:				🗆 No	New Information
School:       Grade:       Image: Construction         HOSPITALIZATION:       Image: Construction       Image: No New Information         Where:       Physician:       Image: Construction         Admit Date:       Discharge Date:       Image: Construction         Reason:       Image: Construction:       Image: Construction:         Follow-Up Instruction:       Image: Construction:       Image: Construction:         ANY OTHER EXAMS/APPOINTMENTS:       Image: Construction:       Image: Construction:         When:       Image: Where:       Why:       Image: Construction:         When:       Image: Where:       Why:       Image: Construction:         When:       Image: Where:       Why:       Image: Construction:	Therapist: Frequency of Appts: Medication(s): Prescribed by: Diagnosis:			Date of Last N	led. Eval/Chec	k:
HOSPITALIZATION:       No New Information         Where:       Physician:         Admit Date:       Discharge Date:         Reason:       Discharge Date:         Follow-Up Instruction:       Image: Control of the struction of the stru	SCHOOL INFORMATION:				🗆 No	New Information
Where:       Physician:	School:			Grade:		
Admit Date:       Discharge Date:         Reason:       Discharge Date:         Follow-Up Instruction:       No New Information         ANY OTHER EXAMS/APPOINTMENTS:       No New Information         When:       Where:       Why:         When:       Where:       Why:	HOSPITALIZATION:				🗆 No	New Information
Reason:   Follow-Up Instruction:   ANY OTHER EXAMS/APPOINTMENTS:   When:   Where:   Where:   Where:   Where:   Where:	Where:		Physician:			
Follow-Up Instruction:          ANY OTHER EXAMS/APPOINTMENTS:           No New Information          When:          Where:           Why:         When:          Where:          Why:         When:          Where:          Why:         When:          Where:          Why:	Admit Date:		Dischar	rge Date:		
ANY OTHER EXAMS/APPOINTMENTS:           No New Information           When:         Where:         Why:             Why:	Reason:					
When:         Where:         Why:           When:         Where:         Why:	Follow-Up Instruction:					
When:         Where:         Why:	ANY OTHER EXAMS/APPOINTM	IENTS:			🗆 No	New Information
	When: Where:		Why:			
FOR OFFICE USE ONLY:	When: Where:		Why:			
	FOR OFFICE USE ONLY:					
Input into UNITY Date Entered: Entered By:	□ Input into UNITY	Date Entered		Fr	ntered Bv:	