



## MEDICAL, DENTAL, VISION, HEARING, OR BEHAVIORAL HEALTH APPOINTMENT

**Purpose:** Use this form to document medical, dental, vision, hearing and behavioral health (Child and Adolescent Needs and Strengths assessment (CANS)) appointments.

Completion of this form meets requirements in:

- Residential Child Care Licensing Minimum Standards
- Residential Child Care Contracts
- Child Protective Services policy

Completion of this form is not required for allied health services such as physical therapy, occupational therapy, speech therapy, or dietary services.

**Directions:** The person taking the child or youth completes Section I of this form on each visit with a health care provider. When possible, Section II is completed by the health care provider.

If the health care provider is unable to complete Section II, the person taking the child or youth to the appointment completes Section II, signs his or her name, and checks the box labeled: *health care provider unable to complete*. The health care provider may attach medical records or other information to this form in lieu of completing Section II.

The caregiver provides a copy of the completed form to the CPS caseworker to file in the case record.

Child's Name:	Date of Birth:	Person Identification (PID) Number:	Appointment Date:
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Caregiver can be a foster parent, relative, non-relative, or representative of a residential operation who is taking the child to the health care provider.			
Caregiver Name:	Phone Number:	Agency:	
Address:	City:	State:	Zip Code:

3-Day Medical Exam. (Required within three business days of removal with some exceptions, such as DFPS removal while child is in a hospital setting).
Child or Youth with Primary Medical Needs. (Required within seven days before or three days after placement date).
Initial Child and Adolescent Needs and Strengths (CANS) Assessment. (Required within 30 days of entering DFPS conservatorship).
Child and Adolescent Needs and Strengths Update (CANS) Assessment. (Required annually; may be required more frequently in some areas).
Initial Texas Health Steps Medical Checkup. (Required within 30 days of entering DFPS conservatorship).
Routine Texas Health Steps Dental Checkup. (Required every six months or as recommended by a dentist).

[illegible]

<p>DFPS Staff or Caregiver Signature:</p> <p><b>X</b></p>		<p>Date Signed:</p>
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Child or Youth's Name:			Date of Birth:	Appointment Date:
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Child or youth refused appointment						
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<b>VITALS:</b>						
Years:	Months:	Weeks:	Temperature:	Pulse:	Respirations:	Blood Pressure:
Height: %	Weight: %		Head Circumference: %		BMI: %	

<b>VISION SCREEN:</b>				
Not done	Child or youth unable to comply with screening			Refused
	<b>500</b>	<b>1000</b>	<b>2000</b>	<b>4000</b>
<b>R</b>				
<b>L</b>				

<b>DIAGNOSES:</b>	
Well Child or No Dental Problems	Other (list):

<b>NEW OR CHANGED MEDICATIONS ONLY:</b>						
No Medication Changes						

Name	Dosage	Prescribed for	Instructions	Discontinued	New	Changed

<b>VACCINES:</b> Children and youth are prohibited from receiving vaccinations at the 3-Day Medical Exam unless an emergency situation requires tetanus vaccination.
None Administered



IPV	DTap HPV	DT MCV	Tdap	HIB Rotavirus	PCV Influenza	Td	MMR Pneumovax	Varicella	Hep A	Hep B
Other (list):										
<b>REFERRED TO:</b>										
None Necessary										
ECI (Early Childhood Intervention)			Speech Therapy		Occupational Therapy			Physical Therapy		
Specialist (Type):						Other (Type)				
<b>FOLLOW-UP:</b>										
None Necessary										
Return Visit: When and Why										
Provider Comments:										

<b>Provider Signature:</b> <b>X</b>			<b>Clinic Name:</b>		<b>Phone:</b>	
<b>Printed Name:</b>		<b>Address:</b>			<b>Fax:</b>	
<b>Date Signed:</b>		<b>City, State, Zip</b>				
<b>If Section II is not completed by a medical or dental provider, the caregiver sign below.</b>						
<b>Caregiver Signature:</b> <b>X</b>				<b>Date Signed:</b>		
<i>The health care provider was unable to complete this form.</i>						

DFPS values your privacy. For more information, read our <a href="#">Privacy and Security Policy</a> .	
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