



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.

SECTION I. CHILD'S INFORMATION

Child's Name:	Date of Birth:	Person Identification (PID) Number:	Appointment Date:
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CAREGIVER INFORMATION

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's Name:	Phone:	Agency:	
Address:	City:	State:	Zip:

CASEWORKER INFORMATION

Caseworker's Name:	Phone Number:	Fax:
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REASON FOR VISIT

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). Immunizations are not allowed at this exam unless an emergency situation requires tetanus vaccination, or if the provider gets direct consent from the biological parent(s).

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).

Routine Texas Health Steps Medical Checkup. (Required at the following ages: within five days after discharge from the newborn hospitalization, at 2 weeks of age, at 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 36 months, and then annually).

Other Medical Checkup. Reason:

Initial Texas Health Steps Dental Checkup. (Required within 60 days of entering DFPS conservatorship if the child is 6 months of age or older, or within 30 days of turning age 6 months).

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).

Other Dental Checkup. Reason:

Vision Check. **Hearing Check.**

ER Visit. - Reason:

Specialty Visit. Reason:



Illness, injury or accident or other follow-up visit. (Describe the injury, accident or illness, including the date and time of the incident.)



MEDICATIONS

No Yes (List) Caregiver Comments:

Medication	Dosage	Prescribed for	Instructions

Caregiver Comments:



SIGNATURE OF PERSON COMPLETING SECTION

DFPS Staff or Caregiver Signature: X	Date Signed:
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SECTION II. HEALTH CARE APPOINTMENT (TO BE COMPLETED BY HEALTH CARE PROVIDER)

Child or Youth's Name:	Date of Birth:	Appointment Date:
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VISIT RESULTS

Child or youth refused appointment

VITALS:

Years: Months: Weeks: Temperature: Pulse: Respirations: Blood Pressure:

Height: Weight: Head Circumference: BMI:
%: %: %: %:

VISION SCREEN:

R: 20/ **L:** 20/

No glasses Glasses Did not bring glasses

Subjectively normal Not done Child or youth unable to comply with screening Refused

Complete eye examination recommended

HEARING SCREEN:

	500Hz	1000Hz	2000Hz	4000Hz
R				
L				

Subjectively normal Not done Child or youth unable to comply with screening Refused

Complete audiology examination recommended

PROCEDURES OR TESTS:

None TB screen Lead screen Developmental screen

Autism screen Hemoglobin PPD Blood lead test Other (list):

DIAGNOSES:

Large empty box for recording diagnoses.



<input type="checkbox"/> Well Child <input type="checkbox"/> Routine Dental Visit <input type="checkbox"/> Other (list):						
Name	Dosage	Prescribed for	Instructions	Discontinued	New	Changed
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No Medication Changes						
VACCINES: Children and youth are prohibited from receiving vaccinations at the 3-Day Medical Exam unless an emergency situation requires tetanus vaccination, or if the provider gets direct consent from the biological parent(s).						
<input type="checkbox"/> None Administered						



- DTap Tdap HIB PCV Td MMR Varicella Hep A Hep B IPV HPV
 MenA MenB Rotavirus Influenza PCV13 PPSV23
 Other (list):

REFERRED TO:

- None Necessary
 ECI (Early Childhood Intervention) Speech Therapy Occupational Therapy Physical Therapy
 Specialist (Type): Other (Type):

FOLLOW-UP:

- None Necessary
 Return Visit: When and Why

Provider Comments:



PROVIDER INFORMATION

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

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).