

# HEALTH - SUMMARY OF SERVICES

CHILD'S NAME \_\_\_\_\_

DATE	PROGRESS NOTE #
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Date CIS Form is signed. If the immunizations are printed from Alert the date the form was printed goes here.

**H1. CERTIFICATE OF IMMUNIZATION STATUS**

**IMMUNIZATION REVIEW FORM**

Date \_\_\_\_\_ Complete Date \_\_\_\_\_ Up-to-Date  
 Date \_\_\_\_\_ Behind Schedule Date \_\_\_\_\_ Exemption

Date from the Immunization Review form will go on the corresponding line.

We no longer need this form but keep the ones from the previous year

Date form was signed or reviewed. Which ever is most recent

**H2. DEVELOPMENTAL HISTORY**

**H3. HEALTH HISTORY**

**PRENATAL HEALTH HISTORY**

**H4. MEDICAL ALERTS/ALLERGIES**

Date \_\_\_\_\_ Date \_\_\_\_\_  
 Severe Allergy  Food Allergy  Asthma  Seizure Disorder  
 Protocol Completed  Special Diet/Food Sub. Form Completed  Asthma Management Protocol Completed  Protocol Completed

If there is a protocol the date from the protocol form

Date the vision screen was completed

Mark if child passed or if referred

If rescreened, that date will go here and mark if passed or referred

**H5. VISION SCREENING**

Passed  Referred Date \_\_\_\_\_ Rescreen  Passed  Referred  
 Date \_\_\_\_\_ Rescreen  Passed  Referred

**H6. AUDIO SCREENING**

Passed  Referred Date \_\_\_\_\_ Rescreen  Passed  Referred  
 Date \_\_\_\_\_ Rescreen

Use Audio forms to complete, same as vision.

**H7. NUTRITION ASSESSMENT**

Referred to Registered Dietitian  BMI > 95%/Car  
 Date \_\_\_\_\_ Fall Height and Weight  
 Date \_\_\_\_\_ Spring Height and Weight

Date of Nutrition Assessment exam (must have HG) and mark if referred or BMI > 95%

Enter date height & weight were complete in fall and spring

**H8. HEALTH APPRAISAL/WELL CHILD EXAM**

**30 DAY DETERMINATION DATE**

Prenatal Date	Newborn/2wk/Date	2 mo/Date	4 mo/Date	6 mo/Date	9 mo/Date	12 mo/Date	15-18 mo/Date	2 yr/Date	3 yr/Date	4 yr/Date	5 yr/Date	Doc. Of Refusal

Date from Health Tracking Form

Date prenatal form was signed by doctor.

When you receive the WCE the date the exam was completed will go in the top box depending on what age the child was when they had it. The bottom box is to put P for pass or follow up date.

Date from Health Tracking Form

Date refusal was signed

**H9. DENTAL SCREENING (EHS)**

**DENTAL EXAMS (EHS/HS)**

**30 DAY DETERMINATION DATE**

90 days/Date	6 mo/Date	6 mo/Date	6 mo/Date	6 mo/Date	1yr/Date	2 yr/Date	3 yr/Date	4 yr/Date	5 yr/Date	Doc. Of Refusal

When you receive the dental exam the date the exam was completed will go in the top box depending on what age the child was when they had it. The bottom box is to put P for pass or follow up date.

Date LTL completed if in EHS on the top box and P or F on bottom box.

**FLUORIDE VARNISH APPLICATION/HYGIENE SCREEN (EHS/HS)**

Date \_\_\_\_\_  Referred  
 Date \_\_\_\_\_  Referred

Date refusal was signed

Date the child was screened by Advantage. This will be on the Advantage Dental Outreach Report Form. Mark if child was referred.

**H10. LEAD SCREENING**

Refusal Date \_\_\_\_\_ **LEAD BLOOD TEST**

Date lead screen test was completed

**H11. INCIDENT REPORT**

Date \_\_\_\_\_  
 Injury: \_\_\_\_\_ Injury: \_\_\_\_\_ Injury: \_\_\_\_\_

Date form was filled out and type of injury

Date Lead Screen form was signed or reviewed. Which ever is most recent. Mark if refused lead screen

**H12. MEDICATION ADMINISTRATION AUTHORIZATION**

Date medication administration form was signed by doctor

**H13. HEALTH COMPONENT APPOINTMENTS AND TRACKING**

Date health tracking form was signed

