



Form K-905-2403 Revised February 2020

### 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	Appointment Date:				
Jimmy Joe Smith	07/01/2019	(PID) Number:	08/04/2021				

CAREGIVERINFORMATION							
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: John and Jane Doe	Phone: Agency: (111) 111-1111 CK Family Services						
Address: 1 CK Street		City: Arlington		State: Texas	Zip: 76018		

CASEWORKER INFORMATION						
Caseworker's Name:	Phone Number:	Fax:				
Sally Mae Jones (DFPS or OCOK Worker)	(222) 222-2222					



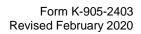
Specialty Visit. Reason:

List the type of visit and reason for the visit



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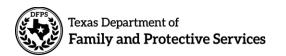
### REASON FOR VISIT 3-Day Medical Exam. (Required within three business days of removal with some exceptions, such as DFPS removal while child is in a hospital setting). Immunizations are not allowed at this exam unless an emergency situation requires tetanus vaccination, or if the provider gets direct 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: List the type of visit and reason for the visit Regular Well-Child Exams 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: First Dental Check-up List the type of visit and reason for the visit First Well-Child Exam (within 30 days) X Vision Check. X Hearing Check. Or Urgent Care Visit







ue to any illness, injury, or accident, provide t happened. Check this box for any follow-u	





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		MEDICA	ATIONS					
No Yes (List) Caregiver Comments: If yes list all medication below								
Medication	Dosage		Prescribed for	Instructions				
Cetirizine (Name of Medication)	5 mL of 1 mg/1 mL (The amount given to the child, and the strength)		Allergies (Why is the medication being taken?)	Give 5 mL once daily PRN (Instructions as written on label)				
			on is meant for medications th nged, or discontinued medicat 7.					
		(						
Caregiver Comments:								



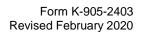
### SIGNATURE OF PERSON COMPLETING SECTION

DFPS Staff or Caregiver Signature:

**X** Foster parent's signature here

Date Signed: 08/04/2021

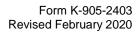
SECTION II. HEALTH CARE APPOINTMENT (TO BE COMPLETED BY HEALTH CARE PROVIDER)						
Child or Youth's Name:	Date of Birth:	Appointment Date:				
Jimmy Joe Smith	07/01/2019	08/04/2021				





## **EXAMPLE**

VISITRESULTS									
Child or youth refused appointment									
VITALS:									
Years:	Months:	Weeks:	Temp	erature:	Pulse:	Respirations:		Blood Pressure:	
2	1		98.6						
Height:		Weigh	:		Head Circumfe	rence:	BMI:		
24	%: Feet/inche	es	8%: Poui	nds/ounces	ounces 55%: centimeters %:			%:	
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:	$\overline{}$		1					
		2001	Z	10	000Hz	2000Hz		4000Hz	
F	2								
L									
I = I	tively normal te audiology e				n unable to com	oly with screen	ing	Refused	
	RES OR TEST	<b>FS:</b> X No Hemoglobin		Blood le	Lead screen	er (list):			
The hearing and vision screening sections are for the doctor's observations if a screening is not completed check not done. If the doctor has no concerns, have them mark subjectively normal. This CANNOT be checked "Not done" for regular Well-Child Exams. If the vitals are not completed on this form we need the AVS and that section highlighted. Put "See AVS" next to Vitals:									





# EXAMPLE

Well Child	Routine F	Dental Visit Other	er (list):	Explain wh correct bo	nat type of appointr ox.	ment by chec	king the
Name	Dosage	Prescribed for		uctions	Discontinued	New	Changed
Hydrocortisone Cream	USP 2.5%, pea- sized amount		Apply a pamount tareas PRN	o affected		×	
		hat were prescribed are discontinued, ple			o here. Also, if any	dosages char	nge
				,			
•							
No Medicati	on Changes			•			•
VACCINES: Ch emergency situa parent(s).	ildren and youth	are prohibited from tanks vaccination, or	receiving if the pro	vaccinations vider gets di	at the 3-Day Medio irect consent from t	cal Exam unl he biological	ess an
None Admir	nistered						
		Don't fo	_	out these b	ooxes,		



Texas Department of

Family and Protective Services

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☐ DTap ☐ Tdap ☐	HIB PCV Td MMR Varicella	☐ Hep A ☐ Hep B ☐ IPV ☐ HPV						
MenA MenB Rotavirus Influenza PCV13 PPSV23								
Other (list):								
REFFERED TO:								
KEITEKED TO.	List any referrals made to any specialists needed, or any of the below services. Che							
	Necessary" if no referrals were made. Che							
X None Necessary	below if a referral was made.							
ECI (Early Childho	od Intervention) Speech Therapy	Occupational Therapy Physical Therapy						
Specialist (Type):	Other (Type):	Occupational merapy Physical merapy						
	опист (турс).							
FOLLOW-UP:	Make sure to note if any fol	ow-up						
None Necessary	appointments were request	The state of the s						
Return Visit: Wher	and Why							
Provider Comments:								
	This section is meant for any	comments						
	from the medical provider.							





	PROVIDER	INFORMATION			
Provider Signature:  X PROVIDER'S SIGNATURE, IF ABLE		Clinic Name: Cook's Fostering Health Clinic		Phone: (682) 303-6800	
Printed Name: Dr. Jane Jones			Fax:		
Date Signed: 08/04/2021	104		•		
If Section II is not completed by	a medical or denta	al provider, the	caregiver sign be	elow.	
Caregiver Signature:  X YOUR SIGNATURE HERE	Date Signed: 08/04/2021	Only one signature is needed in			
☐ The health care provider was unable to complete this form. signature is not needed.  ▼					

#### **PRIVACY STATEMENT**

DFPS values your privacy. For more information, read our Privacy and Security Policy.

Check this box and sign your name if the doctor or medical professional is unable to sign the form. You are able to fill out the form if the doctor does not.