



Pam Miller – Director

# County of Yolo

Department of Employment and Social Services

Child Welfare Services – Foster Care Nurse

137 N Cottonwood St Ste 2200 Woodland, CA 95695

PHONE - (530) 666-8240 FAX - (530) 666-8468

## Foster Child Health Verification Form

Date of exam: \_\_\_\_\_

Age of child: \_\_\_\_\_

The Yolo County Foster Care Program maintains health information for children. Provider or foster parent may complete this form (or attach other agency form, CHDP PM 160 form or other equivalent information form) and return ASAP to **Judy Lehman PHN MSW** at above address or fax number.

Name of Child \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Clinic, including phone number (**Please print or stamp**) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialty \_\_\_\_\_

Was a complete physical/dental exam performed during this visit?  YES  NO

Reason for visit \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Head Circum. \_\_\_\_\_ Hemoglobin \_\_\_\_\_ BP \_\_\_\_\_

Immunizations given (**please include IZ record, if available**) \_\_\_\_\_

Diagnosis, treatment, referrals, follow up appointments, and comments (**please print**):

The CHDP Program is a HIPAA covered entity health plan. Providers may release information to CHDP as part of the child's treatment plan and as part of the operations of the CHDP Program. CHDP as a covered entity is subject to the same restrictions on disclosures of protected health information that apply to you.

*"Investing In Our Community's Future"*