



LifeSpan Family Services of PA
 203 Lane Ave
 Punxsutawney, PA 15767
 Phone: 814-938-4408 Fax: 1-814-690-1850
www.LifeSpanFamilyServices.com

Child Health Assessment

Child's Name: _____ DOB: ____ / ____ / ____
 Medical Care Provider: _____ Date: ____ / ____ / ____
 Address: _____ Telephone: _____
 Legal Parent/Guardian: _____
 Address: _____ Telephone: _____
 Foster Parent: _____
 Address: _____ Telephone: _____

Health history and information pertinent to routine care and medical emergencies:

Allergies:

Physical Examination:

Height: _____ Weight: _____ Temperature: _____
 Blood Pressure: ____ / ____ Pulse: _____
 Ears, Eyes, Nose, Throat: _____
 Teeth: _____
 Cardio-respiratory: _____
 Abdomen/Lungs: _____

Screening Test Results:

Lead: _____ Date: ____ / ____ / ____
 Anemia: _____ Date: ____ / ____ / ____
 Urinalysis: _____ Date: ____ / ____ / ____
Tuberculosis: _____ **Date:** ____ / ____ / ____
 Hearing: _____ Date: ____ / ____ / ____
 Vision: _____ Date: ____ / ____ / ____

Is the child free from communicable diseases? Yes No

Health problems/special needs:

Prescribed Medications:

Medication: _____

Dosage: _____

Medication: _____

Dosage: _____

Medication: _____

Dosage: _____

Medication: _____

Dosage: _____

Medication: _____

Dosage: _____

Next Appointment: _____

Print Name of Physician: _____

Signature of Physician: _____

MUST BE SIGNED BY MD OR DO ONLY

NOTE: Please include a copy of the child's immunization records if available.