



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:			
Phone Number:		Fax Number:	

Legal Guardian:		Contact Name:	
Address:			
Phone Number:			

Resource Parent:	
Address:	
Phone Number:	

Health history and information pertinent to routine care and medical emergencies:
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Allergies:
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Physical examination:

Height:		Weight:		Temperature:	
Blood Pressure:		Pulse:			
Ears, Eyes, Nose, Throat:					
Teeth:					
Abdomen/Lungs:					

Screening Test Results:

Lead:		Date:	
Anemia:		Date:	
Urinalysis:		Date:	
Tuberculosis:		Date:	
Hearing:		Date:	
Vision:		Date:	

Is the child free from communicable diseases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Health problems/special needs:

Prescribed Medications:

Medication Name	Dosage

Next Appointment:	
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Print Name of Physician: _____

Signature of Physician: _____

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