Ariel Clinical Services

2938 North Avenue, Suite G
Grand Junction, CO 81504
PHONE 970-245-1616
FAX 970-241-8722

4660 Wadsworth Blvd.
Wheat Ridge, CO 80033
PHONE 303-703-9351
FAX 303-703-4500

1520 N. Union Blvd., Suite 100
Colorado Springs, CO 80909
PHONE 719-260-6110
FAX 719-260-6107

FOSTER CHILD'S HEALTH EVALUATION

Date: _____

Name of Child: _____ Date of Birth: _____

Reason for Visit: ☐Annual Physical ☐Other _____

Current assessment: *(include surgeries, accidents, communicable diseases, chronic illnesses or handicapping problems):*

_____

_____

Medication: ☐New ☐Change: _____ dosage: _____

Special instructions/comments/recommendations: (i.e. diets, exercises)_____

_____

_____

Vision & Hearing screening completed? ☐Yes ☐ No Referral needed for further testing? ☐Yes ☐ No

Allergies: _____

Immunizations: Date of completed primary or last booster:

Type: _____ Date: _____ Type: _____ Date:_____

If child is under 3 years of age, is a dental evaluation recommended? Yes ☐ No ☐

Name of Health Professional: _____Phone: _____

Address: _____

_____ _ _____
Health Care Professional Signature Date