Ariel Clinical Services

2938 North Avenue Suite G
Grand Junction CO 81504
Phone: 970.245.1616
Fax: 970.241.8722

4251 Kipling Street, Suite 500
Wheat Ridge CO 80033
Phone: 303.703.9351
Fax: 303.703.4500

540 Main Street, Suite 112
Delta, CO. 81416

2145 Academy Circle
Colorado Springs CO 80909
Phone: 719.260.6110
Fax: 719.260.6170

FOSTER CHILD'S HEALTH EVALUATION

Date: _____

Name of Child: _____ Date of Birth: _____ State ID: _____

CHECK THE BOX THAT APPLIES:

Infant & Toddlers appointments: ☐ 2 week ☐ 2 month ☐ 4 month ☐ 6 month ☐ 9 month ☐ 12 month ☐ 15 month ☐ 18 month ☐ 24 month ☐Other (specify): _____

All other ages: 5Annual Physical ☐Other (specify): _____

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

_____

_____

Medication: ☐New ☐Change: _____ dosage: _____

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

_____

_____

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