

ProKids

Medical Checklist

Date: _____

CASA Volunteer: please attach copy of court entry/appointment for provider

Child's name: _____ Date of birth: _____

Provider's name: _____ Phone: _____

Address: _____

✓	Collect Information, Monitor & Report
	Review past records or contact previous providers
	Obtain appointment history
	Regular, routine services?
	Obtain mental health assessments, such as DAF
	A comprehensive health assessment has been performed since placement in foster care
	<u>Immunizations</u> are complete & up-to-date
	Medical concerns:

✓	Healthy Development <i>Has the child received:</i>
	A hearing screening?
	A vision screening?
	A lead exposure screening?
	A communicable disease screening?
	A developmental screening?
	A mental health screening?
	Enrollment in an Early Childhood Program?
	If an adolescent: received healthy development information?

✓	Collect Dental Information, Monitor & Report
	Review past records or contact previous providers
	Obtain appointment history
	Regular, routine dental services?
	Dental concerns: