

FORM 631-E	Health Passport HEALTH VISIT REPORT	
Name of Provider	Child's Name	Date of Visit
Facility (Name, Address & Phone)	Child's Birth Date	
LDSS	Worker Name and ID #	Worker Telephone
TYPE OF VISIT		
<i>Initial Health Screen</i>		<i>Comprehensive Health Assessment</i>
<i>Well Child/EPSDT/ Healthy Kids</i>		<i>Sick/Emergency</i>
Other	Specify:	
VISIT INFORMATION <i>(is completed by Health Care Provider or (2) copies of Providers report must be attached).</i>		
Assessment/Diagnosis:		
Immunizations:		
<i>Follow Up Needed?</i> <i>(explain, and indicate if condition requires ongoing visits, noting frequency and expected completion dates).</i>		
Provider Signature		Date
DHR/SSA Caseplan 631-E (Revised 1/18) All Previous Editions may be used.		