

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>	
<i>Other</i>		<i>Specify:</i>	
VISIT INFORMATION <i>(is completed by Health Care Provider or (2) copies of Providers report must be attached).</i>			
Assessment/Diagnosis:			
Immunizations:			
Follow Up Needed? <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.			