



Medical Form form for Children in Resource Homes

The purpose of this form is to obtain information about the health of any child that resides in the resource home to assess the impact it may have on a child in out-of-home care. A form should be completed for each child in the home under the age of 18.

Full Name	
Date of Birth	
Date of Exam	
Name of Healthcare Practitioner	
Signature of Healthcare Practitioner	
Healthcare Practitioner's Phone Number and Address	

Physical and Mental Health
Please describe the child's general health.
Does the child have any communicable diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.



Does the child have any medical or mental health diagnoses? ☐ Yes ☐ No
If yes, please describe.

Additional Comments

Please share any additional pertinent information.