



# County of Yolo

Health & Human Services Agency  
Child Welfare Services/Foster Care Nurse  
25 North Cottonwood Street, Woodland, CA 95695

PHONE: (530) 661-2621 (office)  
FAX: (530) 666-8468  
Victoria.Conlu@yolocounty.org

**Joan Planell**  
**Director**

## FOSTER CARE REPORT OF MEDICAL EXAM

Date of exam/visit: \_\_\_\_\_ Age of Child: \_\_\_\_\_

For Health Passport Update: Provider or foster parent may complete this form or substitute other agency form and return to Victoria Conlu, PHN, at the above address or fax to above fax number. Thank you.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis (please print): \_\_\_\_\_ Treatment(s) completed: \_\_\_\_\_

Referral to Another Provider? Yes No

Name:

Specialty:

Address:

Telephone:

Date to be seen:

Fax:

Was a complete physical exam performed during this visit? Yes No

**FOR CHILDREN BELOW AGE 3:** Was an oral exam/assessment performed at this visit? Yes No

If Yes, list any issues or circle "N/A" if none: \_\_\_\_\_ or **N/A**

Type of visit (circle): Well-Child Follow-up Ongoing Treatment Sick Visit  
Medication Check Other: \_\_\_\_\_

Height: Weight: BMI: Head Circum. Hemoglobin: BP:

Immunizations given (Please include IZ record, if available): \_\_\_\_\_

Name of clinic, including phone number (Please print or stamp).