



Pam Miller – Director

County of Yolo

Department of Employment and Social Services

Child Welfare Services – Foster Care Nurse

137 N Cottonwood St Ste 2200 Woodland, CA 95695

PHONE - (530) 666-8240 FAX - (530) 666-8468

Foster Child Health Verification Form

Date of exam: _____

Age of child: _____

The Yolo County Foster Care Program maintains health information for children. Provider or foster parent may complete this form (or attach other agency form, CHDP PM 160 form or other equivalent information form) and return ASAP to **Judy Lehman PHN MSW** at above address or fax number.

Name of Child _____ Birthdate: _____

Name of Clinic, including phone number (**Please print or stamp**) _____

Specialty _____

Was a complete physical/dental exam performed during this visit? YES NO

Reason for visit _____

Height _____ Weight _____ Head Circum. _____ Hemoglobin _____ BP _____

Immunizations given (**please include IZ record, if available**) _____

Diagnosis, treatment, referrals, follow up appointments, and comments (**please print**):

The CHDP Program is a HIPAA covered entity health plan. Providers may release information to CHDP as part of the child's treatment plan and as part of the operations of the CHDP Program. CHDP as a covered entity is subject to the same restrictions on disclosures of protected health information that apply to you.

"Investing In Our Community's Future"