Ariel Clinical Services

2938 North Avenue Suite G
Grand Junction CO 81504
Phone: 970.245.1616
Fax: 970.241.8722

4251 Kipling Street, Suite 500
Wheat Ridge CO 80033
Phone: 303.703.9351
Fax: 303.703.4500

540 Main Street, Suite 112
Delta, CO. 81416

2145 Academy Circle
Colorado Springs CO 80909
Phone: 719.260.6110
Fax: 719.260.6170

FOSTER CHILD'S HEALTH EVALUATION

Date:

Name of Child:Date of Birth:State ID:**CHECK THE BOX THAT APPLIES:**

Infant & Toddlers appointments:

▢ 2 week
▢ 2 month
▢ 4 month▢ 6 month
▢ 9 month
▢ 12 month▢ 15 month
▢ 18 month
▢ 24 month▢Other
(specify):All other ages:

5Annual Physical ▢Other (specify): ______________

Current assessment: *(include surgeries, accidents, communicable diseases, chronic illnesses or handicapping problems):*

____
____

____
____

Medication: ▢New ▢Change: ____

dosage: __________________

Special instructions/comments/recommendations: (i.e. diets, exercises)________________________________

____
____

____
____

Allergies:

____

____

Immunizations: Date of completed primary or last booster:

Type: _________________ Date: _____________ Type: __________________ Date:______________

If child is under 3 years of age, is a dental evaluation recommended? Yes ☐ No ☐

Name of Health Professional: ___________________________________ Phone: ____________________

Address: ____

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Health Care Professional Signature Date