

Foster Care Physical Health Assessment Form

Child Information

Full Name

Date of Birth

Gender

Current Caregiver Name

Caseworker

Assessment Details

Date of Assessment

Assessor Name

Location

Vital Signs

Height

Weight

BMI

Blood Pressure

Medical History

Medical History / Chronic Conditions

Current Medications

Known Allergies

Immunization Status

Immunization Records

General Physical Examination

General Appearance

Head / Eyes / Ears / Nose / Throat

Cardiac

Respiratory

Abdomen

Skin

Neurological

Other Findings

Assessment Summary & Recommendations

Summary

Recommendations / Referrals

Assessor Signature

Date
