LUTHERAN FAMILY SERVICES

GENERAL PHYSICAL EXAMINATION FORM FOR CHILDREN AND OTHER ADULTS IN THE FOSTER AND/OR ADOPTIVE HOME

TO EXAMINING PHYSICIAN:

The permission for releasing information about Children and Other Adults in the Foster/Adoptive Home is given below. Please mail the completed form(s) in an envelope marked "CONFIDENTIAL" to:

Lutheran Family Services

Attention: ____

Address: ____

____

PLEASE TYPE OR PRINT:

Physician's Name: ____

Address: ____

City: ______________________________State: ______________ Zip Code: _____________

Telephone Number: ____

I hereby give my permission for release of this document to Lutheran Family Services.

____

(Signature of Parent/Guardian of Child(ren) or the Other Adult)

CHILD'S PHYSICAL EXAMINATION

Child's Name: _______________________________ Birth Date: _______________________

Date of this Examination: ____

Unless a shorter timeframe is indicated here, the next health evaluation will be required in two years.

____

Alternate Date

Is the child receiving treatment for a chronic illness? ☐Yes ☐No

If yes, what medications are prescribed? ____

What is the diagnosis? ____

What is the prognosis? ____

CWS 12-A
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Are there any factors related to the patient's physical condition which would have a negative impact on foster children in the home? ☐Yes ☐No

If yes, describe:

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In your opinion, does this patient exhibit an emotional or psychological condition which would have a negative impact on foster children in the home? ☐Yes ☐No

If yes, describe: ____

____

Child's Name: ________________________________ Birth Date: _______________________

Date of this Examination: ____

Unless a shorter timeframe is indicated here, the next health evaluation will be required in two years.

____
Alternate Date

Is the child receiving treatment for a chronic illness? ☐Yes ☐No

If yes, what medications are prescribed? ____

What is the diagnosis? ____

What is the prognosis? ____

Are there any factors related to the patient's physical condition which would have a negative impact on foster children in the home? ☐Yes ☐No

If yes, describe:

____

____

In your opinion, does this patient exhibit an emotional or psychological condition which would have a negative impact on foster children in the home? ☐Yes ☐No

If yes, describe: ____

____

____
Signature of Examining Physician

____
Date of Report

ADULT PHYSICAL EXAMINATION

Adult's Name: ________________________________ Birth Date: ________________________

Date of this Examination: ____

Unless a shorter timeframe is indicated here, the next health evaluation will be required in two years.

____
Alternate Date

Is patient under treatment for chronic illness: ☐Yes ☐No

If yes, what medications are prescribed? ____

What is the diagnosis? ____

What is the prognosis? ____

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Are there any factors related to the patient's physical condition which would have a negative impact on foster children in the home? ☐Yes ☐No

If yes, describe:

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In your opinion, does this patient exhibit an emotional or psychological condition which would have a negative impact on foster children in the home? ☐Yes ☐No

If yes, describe: ____

____

____
Signature of Examining Physician

____
Date of Report