



CommonSense

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 CommonSenseAdoption.org

DOCTOR'S VISIT FOR FOSTER CARE

Date of Visit: _____ **Name of Child:** _____

Height: _____ Weight: _____

Check One: Well Child Exam Sick Visit Follow-up Visit Emergency Other

Review of the child's history: _____

Physical Examination of the child: _____

Laboratory or diagnostic tests as indicated by the examining physician, including those required to detect communicable disease: _____

(PLEASE ATTACH A COPY OF THE LAB WORK IF APPLICABLE)

Immediate medical attention required: _____

Signature of Doctor

Printed Name of Doctor

Address

Phone

Foster Care Schedule of Well Child visits with a licensed physician

Age

Frequency

Birth through six months	Once per six weeks
Seven months through 23 months	Once per three months
23 months and older	Once per year