

DCFS Child Protective Services
Preliminary Exam Checklist

Dear Provider,

Thank you for seeing this child today. We have provided you with the medical information that we currently have on this child. **The child will be seen by their medical home/PCP as soon as an appointment can be scheduled.**

The goals of this placement exam are as follows:

1. Medically clear a child entering protective custody that may have been injured, have signs of an illness or be drug exposed or endangered.
2. Identify and treat acute and ongoing health care needs until they can be seen by their own provider.
3. Assure the caretaker understands the care and medications the child needs.

We hope that this checklist helps you to meet these goals efficiently.

To be completed by DCFS caseworker:

Today's Date: _____

Child's name: _____ D.O.B.: _____

Brief reason for placement exam:

- Injury (location on body) _____
- Chronic Condition (diagnosis) _____
- Currently sick (list complaints) _____
- Drug exposed/endangered (list drugs if known) _____
- Other (please describe) _____

Known developmental/mental health issues: _____

Child takes regular medications. Yes No Unknown

Medications: (Enter name and dose) _____

Does the caregiver have enough medications to last until the child's primary medical provider can be contacted for a refill during regular business hours? If not, what prescriptions are needed? _____

To be completed by provider:

Vital Signs: Wt _____ Ht. _____ BMI _____ Temp. _____ BP _____ / _____ HR _____ RR _____

1. This child was examined and found:

Free of acute or chronic medical needs

Having the following medical conditions:

- a. _____
- b. _____
- c. _____

2. I have identified the following special healthcare needs the placement needs to provide:

None

See below

- a. _____
- b. _____
- c. _____

3. This child requires the following medications (please provide new prescriptions)

None

See below

Medication and instructions	Rx
a. _____	<input type="checkbox"/>
b. _____	<input type="checkbox"/>
c. _____	<input type="checkbox"/>

4. This child requires the following follow-up:

Next available appointment with Primary Care Provider.

Other, see below

- a. _____
- b. _____
- c. _____

5. Other recommendations:

Signature

Date