

Shadow Mountain Behavioral Health System
Therapeutic Foster Care

Child Medical Examination Report

Mr./Mrs./Ms. _____ has applied to this agency to board a child on a temporary basis. The 24-hour care of children requires that foster parents be able to meet responsibilities that are constant and demanding on both physical strength and emotional stability. We have their permission to consult you regarding their child's physical health, particularly to insure that the child seems to receive adequate physical care and is free of communicable disease.

This information is strictly confidential.

Name: _____ DOB: _____

Height: _____ Weight: _____

General Health: _____

Immunizations Current: Yes _____ No _____ If no, please give reason: _____

Chronic or frequent illnesses? _____

Do you know any reason why this family should not be used to board children? _____

After careful review of this patient's medical history and/or through examination, I find him/her to be free from communicable disease and in good physical condition except in so far as I have indicated above.

Physician's Signature

Date

Address

Phone Number

Please complete and mail or fax to:
Shadow Mountain Behavioral Health System
Attn: Therapeutic Foster Care
6262 S Sheridan
Tulsa, OK 74136
918-492-2075 (fax)