

**PROBATE COURT OF CUYAHOGA COUNTY, OHIO**

**ANTHONY J. RUSSO, Presiding Judge**

**LAURA J. GALLAGHER, Judge**

**ADOPTIVE MEDICAL EXAMINATION**

Child's Name \_\_\_\_\_ D.O. B. \_\_\_\_\_ Child's Sex:  M  F

P.C. Worker's Name \_\_\_\_\_ Adoptive Family's Name \_\_\_\_\_

**IMMUNIZATIONS**

DTP #1	DTP #2	DTP #3	DTP #4 or DTaP	DTP #5 or DTaP	Td
OPV #1	OPV #2	OPV #3	OPV #4		
MMR #1	MMR #2	MMR #3			
Hib #1	Hib #2	Hib #3	Hib #4		
Hep B #1	Hep B #2	Hep B #3	Hep B (catch-up)		
Varicella #1	Varicella (catch-up)	Other Immunization:			

**COMPREHENSIVE HEALTH ASSESSMENT/INVENTORY**

Reported Allergies:	
Chief Complaints:	
Is the child presently taking any prescribed or over the counter medications? No Yes	IF YES. Indicate Name(s) & Dosage(s)
Is the Child Sexually Active? No Yes	Contraceptive Method:
Date of last Menstrual Period:	Pregnancy Test Results: Negative Positive

**UNCLOTHED PHYSICAL EXAMINATION**

Height: %:	Weight: %:	Head Circ. (0-24 mo): %:	
Temperature:	Pulse:	Respiration:	Blood Pressure (3 yrs. & up):
	<b>NML</b>	<b>ABN</b>	<b>COMMENTS</b>
General Appearance			
Skin			
Head			
Ears			
HEARING ASSESSMENT:			
Pure-tone (3 and up)			
(all ages, if pure-tone unavailable)			
Gross Observation			
Eyes			
VISION ASSESSMENT:			
Internal Ophthalmoscopy			
(3 and up) External Observation			
(3 and up) Distance Acuity Testing			
(3 and up) Ocular Muscle Balance Testing			

	NML	ABN	COMMENTS
Nose			
Throat			
DENTAL ASSESSMENT: Dento-Facial Structure			
Inspection for Caries			
Lungs			
Heart			
Breast Development (if applicable)			
Abdomen			
Hips, Feet, & Extremities			
Back			
Genitalia			

#### DEVELOPMENT ASSESSMENT

	NML	ABN	COMMENTS
Gross and Fine Motor Function			
Communication Skills			
Self-Help Skills			
Social/Emotion			
Mental/Cognitive Skills			
School Performance/Adjustment			

#### LABORATORY ASSESSMENT (Circle or check as appropriate)

Lead Poisoning Risk Assessment Results	High Risk	Low Risk		
<i>For High Risk, screen annually from 6-72 months of age.</i>		<i>For Low Risk, screen annually at One and Two years of age.</i>		
Children Three to Six years of age must be screened annually, unless there is documentation that the child was tested at One and Two years and the child is determined to be Low Risk.				
Blood Lead Screening Test	Ordered Today	Abnormal	Not indicated	
Sickle Cell Screening	Ordered Today	Trait, Historically	SS dz, Historically	Not Indicated
Hgb or Hct	<i>LBW infants during the first 6 months of life and children One year of age</i>		Ordered Today	Not Indicated
Hgb or Hct	<i>Once during adolescence</i>		Ordered Today	Not Indicated
Pap Smear	<i>Sexually active female</i>		Performed Today	Not Indicated
Tests for STD	<i>If medically indicated</i>		Ordered Today	Not Indicated
TBC Test	<i>If medically indicated</i>	Ordered Today	Reactive, Historically	Not Indicated

**CURRENT HEALTH STATUS**

Summary:

**CURRENT DEVELOPMENTAL STATUS**

Summary:

**FOLLOW-UP OR REFERABLE CONDITION(S):**

Diagnosis/Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature/Date

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Name and Address  
(Please Stamp or Print)