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|  | **Tennessee Department of Children’s Services**  **Medical Self-Report** |

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| --- | --- |
| **FOR:** | **Foster Parent**  **Other Adult**  **Child** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name:** |  | **First Name:** |  | Foster Home ID: |  |

**MEDICAL**

**CURRENT MEDICATIONS & DOSAGE** (List all prescription and over the counter medications you are

|  |  |
| --- | --- |
| currently taking) |  |
|  | |

**ALCOHOL and TOBACCO HISTORY AND FREQUENCY**

Any past or current tobacco or alcohol usage?  Yes  No

|  |  |
| --- | --- |
| If yes, please explain: |  |
|  | |

**ILLEGAL DRUGS HISTORY AND FREQUENCY**

Any past or current illegal drug usage?  Yes  No

|  |  |
| --- | --- |
| If yes, please explain: |  |
|  | |

**ALLERGIES** (medication, food, insect stings, etc)  Yes  No

|  |  |
| --- | --- |
| Specify: |  |

|  |  |
| --- | --- |
| **SPECIAL DIET:** |  |

Have there been any medical updates since the last assessment:  Yes  No

|  |  |
| --- | --- |
| If yes, please describe: |  |
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|  |  |  |
| --- | --- | --- |
| Date of last physical: |  |  |

**MENTAL HEALTH**

Have you been treated or hospitalized for a mental illness or suicide thoughts/attempt within the last twelve months?  Yes  No

|  |  |
| --- | --- |
| If yes, list dates and hospital: |  |

Have you had a psychological evaluation within the last twelve months?  Yes  No

|  |  |
| --- | --- |
| If yes, list date and provider: |  |

***For Children Only:***

**IMMUNIZATIONS**

Are immunizations up to date?  Yes  No  N/A

**Other Comments:**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |