



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: _____

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: _____



INSTRUCTIONS FOR USE OF FORM CS-0707 Medical Self-Report

This form is completed by the Foster Parent on an annual basis to report any changes in their own medical or physical status. This form is changed to include a report by the Foster parent on their biological or adoptive children's health status.

- I: Demographic information: Complete last name first, first name
DOB, SSN, Sex, Race
Address, State, Zip code
- II: Language spoken in home
- III: Current medications and Dosage for Foster Parent and birth or adoptive children in home.
- IV: Allergies: Please list all medical allergies and environmental allergies
- V: Special Diet: Please list dietary restrictions related to medical, allergy, religious, or special preference such as vegetarian.
- VI: Medical: include regular medical doctor contact information, date of last visit.
Mental Health issues: Answer specific Questions.
- VII: List any Alcohol or Drug History issues, check boxes and explain as necessary
- VIII: Bottom section is for birth or adoptive Children in the home ONLY:
Immunizations: Up to date and recent and if so is there a record available.
- IX: Any changes to physical, mental or emotional health since last home study reassessment? If so please make note. You may be requested to see your physician to update your medical history.
- X: Please sign and Date form.
Give to your Foster Parent Support worker As soon as possible.