



Circles of Care

Primary Medical Needs Medical Admission Assessment

Attach to Intake Study

Primary Medical Needs children require, as part of the Admission assessment/intake, written physician orders as the basis for admission. The physician's evaluation must confirm that the child can be cared for appropriately in a foster home setting and that the foster parents have been trained to meet the needs of the child and demonstrated competency. The written orders must include orders for: Medications, treatments, diet, range of motion program, habilitation as appropriate and any special medical or developmental procedure.

Name of Child _____

Date of Visit _____

DOB: _____ **Adult/Caregiver Name:** _____

Child requires Primary Medical Needs foster care admission: Yes No

The child can be cared for in the home selected and the caregiver(s) have received the necessary training and have skill to meet the child's special medical needs: Yes No

Specify/notes: _____

Medication prescribed, dosage and Reason for Medication: _____

(Please specify Meds. continued, D/C, added, increased, decreased from previous appointments)

Treatments Needed: _____

Diet: _____

Range of Motion requirements: _____

Habilitation, as appropriate: _____

Any special medical or developmental procedures: _____

Doctors Name (please print)

Signature of Doctor

Address and phone number: _____