Lucas County Children Services Medical Form Nursing Physical Assessment Follow-Up Instructions

Childs Name:		_ DOB:	Case #:	
Placement:	Name:		Contact:	
 Findings/Problems: 				
• Instructions:				
2. Findings/Problems:				
• Instructions:				
				_
2. Findings/Duahlama				
_				
• Instructions:				
3. Findings/Problems:				
• Instructions:				
☐ Original Screening:				
	s due with child's	doctor within 30 days	5	
Dental exam is a	due if child is 3 ye	ars and older within 3	30 days	
Change of plants of the control of t				
Change of placement ScreeningDate of last phy	-		Overdue:	
Date of last den	_		Overdue:	
	_			
Nurse Signature		Date		Time