

  **County of Fresno**

 DEPARTMENT OF SOCIAL SERVICES

 **DELFINO E. NEIRA, B.A.** DIRECTOR

**FRESNO COUNTY DEPARTMENT OF SOCIAL SERVICES**

 **HEALTH CARE ENCOUNTER FORM**

 **Please complete for any health care visit**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Phone: (559) |  |
| Social Worker Name and Worker Number |  | Case No. |  |
| Date of Visit: |  | Child’s Name: |  | DOB: |  |

**□** Foster Care **□** Probation

|  |  |  |  |
| --- | --- | --- | --- |
| **Growth:** | **HT:** | **WT:** | **HC:** |
| Diagnosis: |  |
| Treatment/Medications: |  |
| Immunizations Given: |  |
| Tests: |  |
| Additional Comments: |  |

TYPE OF VISIT: (Check One) **□** Medical **□** Dental **□** Mental Health

PURPOSE OF VISIT: (Check One) **□** CHDP/ **□** Vision Exam **□** Annual Dental Exam

 Well Child Exam

TYPE OF VISIT: ( Check One) **□** Sick Visit **□** Follow-Up **□** Special Visit

**□**Referral Made To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next Return Appointment Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently Receiving Services From: **□** CA Children’s Services **□** Regional Center Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HSS-6376T (6/15) Distribution: White – DSS SW

 Yellow- Substitute Provider

 Pink – Child’s Folder

2011 Fresno Street, Site 105 / Fresno, CA 93721 /Phone (559) 453-4446 / Fax (559) 453-5172

[www.fresnohumanservices.org](http://www.fresnohumanservices.org)

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