Health Passport

HEALTH VISIT REPORT

1.NAME OF PROVIDER (Print or Type)	4. CHILD'S NAME	5. DATE OF VISIT
2. FACILITY (Name and Address)	6. CHILD'S BIRTH DATE	
	7. WORKER NAME AND ID #	
3. TELEPHONE	8.WORKER TELEPHONE	

A. TYPE OF VISIT

1. ☐ INITIAL HEALTH SCREEN	5. ☐ DENTAL VISIT
2. ☐ COMPREHENSIVE HEALTH ASSESSMENT	6. ☐ VISION SCREENING
3. ☐WELL CHILD/EPSDT/HEALTHY KIDS	7. ☐ OTHER (specify)
4. ☐ SICK/ EMERGENCY	

B. VISIT INFORMATION (is completed by Health Care Provider or (2) copies of Providers Report must be attached)

1. ASSESSMENT / DIAGNOSIS:

2. IMMUNIZATIONS**:**

3. FOLLOW UP NEEDED? (explain, and indicate if condition requires ongoing visits, noting frequency and expected completion dates).

PROVIDER SIGNATURE	**DATE**