Medical Report

To enable us to keep up-to-date with the medical progress of our children and youth in care,
we would ask you to complete this form each time you examine or treat a foster child, whether at home, in your office or at hospital.

Section 1: Agency Identification

Bruce Grey Child and Family Services
640 2nd Avenue East, Owen Sound, ON N4K 2G8

Phone: 519-371-4453
Fax: 519-376-8934

Section 2: Identification (to be completed by Society or Foster/Adoptive parent)

Child's name:	**Health Card #:**	**Date of Birth:** (yyyy/mm/dd)	**Date of examination** (yyyy/mm/dd)
Specific concerns:			
Child's Worker:		**File #:**	
Foster Parents:		**Phone #:**	
Caregiver/Individual in attendance with child:			

Section 2: Physical Examination (Remainder of form to be completed by Doctor)

Height:	**Weight**	**Vision: Right**	**Left**	**Both**	**Temperature**

Skin		**Chest**		
Glands		**Lungs**		
Head		**Breasts**		
Fontanelle		**Abdomen**		
Eyes		**Liver**		**Spleen**
Ears		**G.U.**		
Nose		**Gynecology**		
Throat		**L.N.M.P. (menstruation)**		
Tonsils		**Neurological**		
Teeth		**Mentality**		
Heart		**Endocrine**		
Femoral		**Spine**		
Blood Pressure		**Extremities**		
General:				

Section 3: Tests/Medications	
Lab Tests and X-rays	
Current medication	Immunizations given at this time

Section 4: Diagnosis/Treatment/Follow up
Provisional Diagnosis:
Treatment Prescribed:
Doctor's instructions to the: ☐ Child Protection Worker ☐ Foster/Adoptive Parent Call me to discuss this report: ☐ Yes ☐ NO
Comments and Recommendations
Follow up

Section 5: Doctor Identification/Signature		
Doctor's name	Signature	Date (yyyy/mm/dd)
Address		Telephone No.