# SAMPLE EI/ECSE HEALTH SCREENING FOLLOW-UP REPORT

Child: D.O.B.: Contractor:

SECTION ONE

1. Indicate service(s) provided [ ]  Review HSQ/health records [ ]  Parent Contact

 [ ]  Physician contact [ ]  Physical assessment

2. Health conditions/medical diagnosis/current medications:

 [ ]  None

3. [ ]  Child/family currently receiving services from public health nurse/community agency.

 Nurse/agency doing follow-up: Phone:

1. [ ]  Child/family referred to public health nurse for follow-up re:

5. [ ]  Child/family referred to other community services (specify):

6. [ ]  Other services/recommendations (i.e., education re: immunizations, etc.):

SECTION TWO

1. [ ]  No health issues needing classroom recommendations identified at this time. **If the child’s status changes, contact the child’s team coordinator.**

1. **[ ]  Nurse needs to attend the child’s IFSP meeting. Please notify**

 **of date and time.**

1. [ ]  Recommend health personnel address the following issues with child’s team:

 [ ]  Information to child’s team re:

 [ ]  health care issue

 [ ]  side effects of medication (specify):

 [ ]  symptoms to report to parent or requiring immediate action

 [ ]  safety

 [ ]  Emergency protocol needed for

 [ ]  Delegated nursing procedure for

 [ ]  Specific transportation needs

 [ ]  Child to have health care in place before entering school (Document health or safety issue to be addressed before entrance.)

 [ ]  Other

SCREENING NURSE:

 DATE:

 Signature Title Phone

Adapted with permission form CaCoon Program at the Child Development and Rehabilitation Center, Oregon Health Sciences University, PO Box 574, Portland, OR 97207-0574. Revised: 6/9/98

**Sample EI/ECSE Health Screening Follow-Up**

If any of the following are identified on the Health Screening Questionnaire, or its equivalent, the information is forwarded to the RN for further review and action:

* Complications during pregnancy, labor, or delivery
* Any serious difficulties for the child at birth
* Any health concern about child
* Concerns about child’s nutrition or growth
* Concerns about hearing
* Frequent ear infections or tubes
* Vision problems/wears glasses
* Takes medication and/or needs medication at school
* Allergies to medications, food or other substances
* Special diet, special feeding techniques, difficulties with feeding
* History of neurological problems
* Orthopedic problems
* Birth defect or genetic problem
* History of chronic illness
* Hospitalizations, surgery or serious injury
* Uses adaptive equipment
* Needs health treatment daily

**ADDITIONAL CONCERNS WHICH MAY TRIGGER A REFERRAL**

If any of the following concerns arise, the information should be sent to the R.N. for additional review and assessment:

* Head injury
* Hospitalization for other than usual childhood diseases
* Prolonged hospitalizations/absences from school
* Surgeries requiring extended missed school days
* New or unfamiliar diagnosis
* Feeding or swallowing difficulties
* Shunt dependent hydrocephalus
* Seizures
* Tubes or use of tubes or devices (internal or external)
* Multiple or new medications given routinely during the school day
* Abrupt changes in health status, behavior or performance of the child