

**ASSESS: PHYSICAL HEALTH ASSESSMENT**[Back](#)**Wellbeing Assessment**

Child Name [REDACTED]

Questions:

1. Does the child have an up-to-date medical card/insurance?

- Yes  
 No

2. Is the child up-to-date with routine medical visits and immunizations?

- Yes  
 No

3. Is the child current with routine dental visits?

- Yes  
 No

4. Does the child need follow-up dental treatment (i.e. cavities, sealants, gum disease, caps, retainers, braces, etc.)

- Yes  
 No

5. Has the child had a recent vision/hearing screening?

- Yes  
 No

6. Does the child have any chronic or serious health conditions?

- Yes  
 No

7. If the child has chronic or serious health condition(s), is the youth receiving appropriate treatment, medication or other medical care as prescribed by a medical professional?

- Yes  
 No  
 Not applicable at this time.

8. Has the child experienced any ER or hospital visit in the past 6 months for a physical health condition?

Yes

No

Has all possible been done for child?

Notes

(0 out of 5000)

Save