



INDIVIDUAL HEALTH CARE RECORD CHECKLIST AND INTERNAL QUALITY CONTROL

NAME OF YOUTH: _____

FACILITY NAME: _____

DDJID #: _____ MEDICAID #: _____
(AS APPLICABLE)

I. OUTSIDE JACKET DATE _____

- Name
- Name Alert
- Medical Grade
- Allergies
- Date Next CPA Needed _____
- Tuberculosis Skin Test (TST/PPD) Date _____
- "Confidential"

II. CORE HEALTH PROFILE (IN ORDER) UPDATED _____

- 1. Personal and Health Related Information (Updated _____)
- 2. Problem List
 - Are chronic problems listed? (Updated _____)
- 3. Sick Call Index
- 4. Authority for Evaluation and Treatment Dated/Signed
- 5. Parental Notifications
- 6. Immunization Records Complete Incomplete
- 7. Facility Entry Physical Health Screening (Updated _____)
- 8. Health Related History
- 9. Comprehensive Physical Assessment Date of Most Recent _____
- 10. Infectious and Communicable Disease Form
- 11. Health Education Record

