South Carolina Department of Social Services

MEDICAL/DENTAL ENCOUNTER FORM

NOTE: Caregivers are reminded that they are expected to give the caseworker at least one week notice of upcoming health care visits. If the caseworker is not able to attend the visit then caregiver should inform/update the caseworker concerning the visit as soon as possible after the event.

Name of Child: ______________________ DOB: ______________ Date: ______________

Medical	**Dental**	**Behavioral Health**	**Vision**	**Hearing**
❑ Initial Medical Screen	❑ Oral Exam/Cleaning	❑ Psych Evaluation	❑ Evaluation	❑ Evaluation
❑ 30 day Comprehensive Exam	❑ Follow-Up (Describe below)	❑ Follow-Up (Describe below)	❑ Follow-Up (Describe below)	❑ Follow-Up (Describe below)
❑ Emergency Room Visit	❑ Surgery	❑ Medication		
❑ Sick Visit		❑ Crisis Evaluation		
❑ Well Child Visit				
❑ Immunization				
❑ Follow-Up (Describe below)				
❑ Surgery				

Diagnoses/Conditions: (Medical, developmental and learning) ______________________

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Procedures done and results, if available: ______________________

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Immunizations Given: ______________________

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Allergies: ______________________

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Prescription(s) Given: ______________________

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Is follow-up or referral to another provider needed? ❑ Yes ❑ No (If yes, describe below)

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Other Important Medical and Social Information: (If applicable) ______________________

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Provider Signature: ______________________ Provider Name: (Print) ______________________

Facility: ______________________ Telephone: ______________________

DSS Form 30260 (MAR 13)