Reset

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
- ❑ Initial Medical Screen
- ❑ 30 day Comprehensive Exam
- ❑ Emergency Room Visit
- ❑ Sick Visit
- ❑ Well Child Visit
- ❑ Immunization
- ❑ Follow-Up (Describe below)
- ❑ Surgery

Dental
- ❑ Oral Exam/Cleaning
- ❑ Follow-Up (Describe below)
- ❑ Surgery

Behavioral Health
- ❑ Psych Evaluation
- ❑ Follow-Up (Describe below)
- ❑ Medication
- ❑ Crisis Evaluation

Vision
- ❑ Evaluation
- ❑ Follow-Up (Describe below)

Hearing
- ❑ Evaluation
- ❑ Follow-Up (Describe below)

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

Procedures done and results, if available: _____

Immunizations Given: _____

Allergies: _____

_____

Prescription(s) Given: _____

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

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

Provider Signature: _____ Provider Name: (Print) _____

Facility: _____ Telephone: _____