State of Illinois - Department of Human Services - IMSHS

Health Services Tracking Sheet - (Ages 2 through 6 years)

Program Year: _____ Classroom: _____ Center Name: _____

M, C, or 1	Child's Name Entry Date/Departure Date	DOB	Physical per Lic. (Y/N?	Well Child Exam		Dental		HCT/HGB		Lead		Vision		Hearing		TB		Ht/Wt	Health History	Nutrition Intake Date/Assess. Date Enrolled in WIC? (yes = W)
				Last Date	Next Date	Last Date	Next Date	Last Date	Next Date	Last Date	Next Date	Last Date	Next Date	Last Date	Next Date	Last Date	Next Date	Date	Date	
1				F N F B F C		F N F B F C		F N F B F C		F N F B F C		P F R		P F R		N P R				
2				F N F B F C		F N F B F C		F N F B F C		F N F B F C		P F R		P F R		N P R				
3				F N F B F C		F N F B F C		F N F B F C		F N F B F C		P F R		P F R		N P R				
4				F N F B F C		F N F B F C		F N F B F C		F N F B F C		P F R		P F R		N P R				
5				F N F B F C		F N F B F C		F N F B F C		P F R		P F R		P F R		N P R				
6				F N F B F C		F N F B F C		F N F B F C		F N F B F C		P F R		P F R		N P R				
7				F N F B F C		F N F B F C		F N F B F C		F N F B F C		P F R		P F R		N P R				
8				F N F B F C		F N F B F C		F N F B F C		F N F B F C		P F R		P F R		N P R				

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	Follow-up Needed/Date of Plan(s)	Progress Towards Completing Follow-up Plan	Child's Doctor Name and Phone Number	Medicaid or Insurance Number	Transition	Date Records given to Parents
1						
2						
3						
4						
5						
6						
7						
8						

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Side One:
Column two: Enter the child's name, under it enter the enrollment and departure dates. If the child leaves the program and later re-enrolls, enter the second enrollment and departure date also.

M/C/I: Under the child's row number, enter an M when the child is enrolled in the Medicaid Program, a C if the child is enrolled in CHIP, or an I if the child has private health Insurance. If the child has more than one coverage, enter the appropriate letters. If the child was enrolled in the program before enrollment in MHS, circle the appropriate letter. (This information will be needed for PIR).

DOB: Enter child's date of birth.

Column four: Enter a Y for yes if the child has a current physical on file per llicensing regulations. Enter an N for No if the child does not meet this requirements. If N, this then becomes a priority service.

Well Child Exam: After age 2, a child needs an exam annually. Enter the date of the last exam under "Last Date". Determine when next exam is due and enter that date under "Next due". If a child has a folow-up need (e.g., treatment) found at the last exam, fill in the "F" box in red. When the follow-up bas begun, fill in the "FB" box. When the follow-up is completed, fill in the "FC" box.

Dental: An annual dental exam done by a dentist is required starting at age 2. An exam for children younger than 2 may be indicated when obvious signs of decay are present or a referral is made by the doctor at the time of the physical exam. Then dentist may recommend an exam more often than annually. Enter information for the dental exam as described in the Well Child Exam instructions. Fill in the box "PF" when cleaning and fluoride is done as recommended.

HCT/HGB: A test for anemia is recommended starting at 9 months and annually after that. Determine when the child is due and arrange for the exam when due. Track follow-up as described in Well Child Exam instructions.

Lead: Children living in high-risk environmental situations should be screened starting at 12 months. Migrant children are considered high-risk. Determine when the child is due and arrange for when needed. Track follow-up.

Vision and Hearing: Beginning at age 3, formal vision and at age 4 formal hearing testing occurs annually. A pure-tone adiometer must be used for the Hearing test. Fill in the appropriate box. "N" = Negative, "P" = Positive, "R" = Referral. If the child has had a at least one negative test, have the doctor determine if another is necessary. If not, have him/her to write "not indicated" on physical form.

TB: Annual tuberculin testing by the MANTOUX method of high-risk children starting at 12 months is recommended. Migrant children are considered high-risk. Fill in the appropriate box. "N" = Negative, "P" = Positive, "R" + Referral. If the child has had at least one negative test, have the doctor determine if another is necessary. If not, have him/her to write "not indicated" on physical form.

Ht/Wt: Note date when the initial height and weight is charted on a growth chart.

HH: Note the date when the child's initial or annual updated Health History is taken. This may be done by the child's health care provider and a copy obtained for the child's file. If not, the program's HSC must interview the parent and complete the form in the Health Procedures Manual.

NU: Note the date when the child's nutrition intake is taken. This may be done by WIC and a copy obtained for the child's file. If not, the program's HSC must interview the parent and complete the form in the Health Procedures Manual. If the child is not enrolled in WIC, then the program's nutritionist does the nutrition assessment.

Side Two
Follow-up: List follow-up needs as tracked on other side of this sheet. Note date of written follow-up plan. (E.G., Dental treatment needed, plan 7/9/02.)

Progress: Briefly note progress made toward completing the written follow-up plan. (E.G., Dental appointment made. First Treatment done. 7/22/02. Second treatment done, all complete - 8/1/02).

Doctor's Name and Phone Number: Enter the name and phone number of the doctor the child's family uses while in Illinois.

Medicaid or Insurance Number: Enter the number from the child's medicaid or insurance card.

Transition: Briefly note transition needs and dates of records' transition and to whom (E.G., Overdue for well child exam, records sent to grantee for Texas - 10/25. Or, dental treatment incomplete, records sent to Florida MHS program - 9/29. Or, transitioned to Kinder, records forwarded to Lincoln school - 8/20).

Records given to Parents: Note date the parents were given the child's records before leaving. Remember to have parents sign as receipt of records.