State of Illinois
Department of Human Services - IMSHS

Health Progress Notes

(Complete continuously per instructions in Tracking & Documentation Procedure)

Name of Child: _____ Date of Birth: _____

Enrollment Date: _____ Departure Date: _____ Page: _____ of _____

When follow-up is needed, develop written plan in consultations with parents. (See follow-up plan form).

Date	Progress/Information	Follow-up Needed*	Person(s) Responsible