



## Court Appointed Special Advocates of Rochester/Monroe County, Inc.

**Natalie Copeland – Program Director**

Family Court of the State of NY • Hall of Justice, 99 Exchange Blvd. • Room 272 • Rochester, NY 14614-2115

**Phone: 585-371-3981 • Fax: 585-280-5292 • Email: casa@casarochester.org • Web: www.casarochester.org**

### HEALTH QUESTIONNAIRE

CASA contact: \_\_\_\_\_ Request date: \_\_\_\_\_

Received date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

CASA Court assignment sheet or parental consent:  attached  on file

Foster parent/relative resource: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Date form completed: \_\_\_\_\_

Pediatrician/provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of last well child visit/annual exam: \_\_\_\_\_

Immunizations up-to-date?  Yes  No      Needed: \_\_\_\_\_

Next appointment date: \_\_\_\_\_

Follow-up items/problems:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Illnesses, with dates, treated in past year:      None \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*Thank you for your assistance.*

*You may fax information to our office (585-280-5292) or email it to casa@casarochester.org.*

Current medications/dosage:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

Screening results: (N/A = not applicable for age of child)

Development: \_\_\_\_\_

Early intervention referral?  Yes  No

Hearing: \_\_\_\_\_

Vision: \_\_\_\_\_

Corrective lens/further evaluation?  Yes  No

Lead level: \_\_\_\_\_ Recheck?  Yes  No

Communicable diseases: \_\_\_\_\_

Mental health: \_\_\_\_\_

Referral for diagnostic evaluation?  Yes  No

If yes, where? \_\_\_\_\_

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