

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. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 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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