



# INDIVIDUAL HEALTH CARE RECORD CHECKLIST AND INTERNAL QUALITY CONTROL

NAME OF YOUTH: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

DDJID #: \_\_\_\_\_ MEDICAID #: \_\_\_\_\_ (AS APPLICABLE)

## I. OUTSIDE JACKET DATE \_\_\_\_\_

- Name
- Name Alert
- Medical Grade
- Allergies
- Date Next CPA Needed \_\_\_\_\_
- Tuberculosis Skin Test (TST/PPD) \_\_\_\_\_
- "Confidential"

## II. CORE HEALTH PROFILE (IN ORDER) UPDATED \_\_\_\_\_

- 1. Personal and Health Related Information  (Updated \_\_\_\_\_)
- 2. Problem List
  - Are chronic problems listed?  (Updated \_\_\_\_\_)
- 3. Sick Call Index
- 4. Authority for Evaluation and Treatment  Dated/Signed
- 5. Parental Notifications
- 6. Immunization Records  Complete  Incomplete
- 7. Facility Entry Physical Health Screening  (Updated \_\_\_\_\_)
- 8. Health Related History
- 9. Comprehensive Physical Assessment Date of Most Recent \_\_\_\_\_
- 10. Infectious and Communicable Disease Form
- 11. Health Education Record

