Common Findings Health

Record Review 2016-2017

Any concerns accut your child's behavior?		•
Child is evaluated or has received a cahavioral health di	 івдповів7:	
Would you like to be contacted by a Behavior Health Sp		··i
¡ Explain/Comments		
V. Immunization History		··· · · · · ·
Tile child up-to-date on all immunizations appropriate for	hls/he Yes	· · · .
age?		
*Has child received all immunizations possible at this tin		
but has not receive all immunizations appropriate for hi		
jage ⁹		
"Child Met State's guidelines for an exemption from		
immunizations.	<u></u>	
*I-las received no immunizations.		
None of the above		
Explain/Comments		
VI. Dental Information		
Do you have dental insurance? If yos, specify dental pla	an	Yes
		Medicalc
Does the child have an Ongoing Source of Continuous s	and Accessible Dontal Care? (Dental Ho	ome).
Dentist Name / Date of last visit		
Were there any problems for the child/Comments:		No
VII. Nutrition Assessment		
1. Does your child's weight appear normal?	Yes	
,2. Does your child eat fruits and vegetables?	No .	
3. Its your child a picky eater now?	: Yas	
14. In the past six months, was your child found to be	!No	
enemic (low blood from)?		
5. Is your child involved in active play daily?	Yes	•
6. Does your child have diarrhea frequently?	No	
7. Does your callo have constitution frequently?	Ne	
8. Does your child vamit frequently?	No.	•
9. Does your child drink from a baby bottle now?	No	
10. Does your child have difficulty chowing or swallowing		
:now?		
:11. Do you have any concerns about you child's growth		-
nutrition, or eating?		
12. Does your family currently recieve services under the		
Spacial Supplemental Nutrition Program for Womers,		
Infants, and Children (WIC)?		
13. Does your child drink city water?		
14. Doss your child drink well water?		
15. Does your child drink bottled water?		

Primary Insurance	Anthon 11
Medical Home Intervention	Anthom blue cross / pipe shield
2. Do you so the DO NOT WARK THIS QUESTION?	The second secon
If yes, what cry?	
Date of lest physical?	
3. Do you have "regular" Medicaid?	
4. Do you have "chargency only" or KCHIP?	yes .
5. Do you have Healthy Families DO NOT MARK THIS	AND
QUESTION?	}
8. Do you have private / other health insurance?	The second section of the second section is the second section of the second section in the second section is the second section of the second section
Comments:	Yes Anthom blue cross / bille shield
XI. Health History Consents Section	Conventry Medica d
Perial specific inclusion and the section	The state of the s
Pental screening/exam and freatments (to detect oncolonis with teeth and gums)	Yes
 Wision screening exam (to detect problems with vision). 	the second secon
Auditor/Hagine serve to the later of the control of	Yes
ears) (a. Assistant assisting screening (to delect problems with the	¥€6
Blood pressure screenings (if not noted on the physical	A CONTRACTOR OF THE CONTRACTOR
2) Assumbly.	Yes
Nutrition growth sursening and referral ito detect	The second secon
5. problems with do ayed grow#/overweight/underweight	Vor
uhildren)	Yes.
6. Speech and anguage acreenings (to collect problems	A Committee of the Comm
With speaking and understanding).	ly.ca
Developmental screening (to assess evels in language	The second of th
 Cognition, visual, small motor, press motor, social, and 	Yes
grnoticnal aspects).	
6. Penaviora observations (to further assess social and	entropy to the control of the contro
anationa development)	i ^{Yes}
In cases of emolgency medical/dental care, I give my	The first control of the second of the secon
io permission to Head Start staff to secure needed	No.
Firmergency medical care if parents/guardian cannot be	yes !
immediately contacted.	I Company of the Language of the Company of the Com
That necessary health information concerning my child	The second secon
the care of my child and the school my child will be	Yes
allending after Head Start	
14. Blood test to check ead love a sindror anemia, if no	An agent of the control of the second of the control of the contro
resulta are available.	iYes
12. To transport children by I lead Start staff to	- A.D. 7
gradica/cental appointments as needed.	Yes
it3) o allow agency staff to make home visits curing the	The second secon
School Year at my convenience,	Yes
44 That my chird will be in attendance in the program even.	The second of th
May not revene is appa.	Yes
That any dicture taken of my child may be used in	AND THE RESIDENCE AND ADDRESS OF THE PARTY O
:TairdeWspapers, disolays, bulletin boards, or other works of the	Yes
Educational bublications	
That my child may apportpany bis/her class on all	ALL POSTERORES CO. C. C. C. CONTRACTOR PRODUCTION TO SEE CONTRACTOR CO.
: Scheduled hold inps that I have received all secrific :	:
ாம்.; monmation prior to cach trip, I understand that children ்	Yes :
will be accompanied by feaching staff and volunteers	
grid that i hisy chacse to attend also	:
17. To provide the required proof of birth and immunization	материя — по при основни до применения и по материя — по
acouge on my chird	1 ES :
Commants;	ACTION OF THE PROPERTY OF THE

до сточисть полицентом подраздава у

Allergy Questionuzire

Child Name:	Birthdufe;
Has your child been diagnosed as having all Yes /NO — If so, who is the Doctor? — So who is the Doctor? — So where was child diagnosed as having allergy. Has your child been in the Emergency room. Has child been hospitalized for serve allergy.	Phone # \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
Does your child take <u>currently</u> prescribed to NO. If so, list medication and when given:	redication for allergy/allergies? Yes t
What does your child have allergy/affergies	to? Please list: <u>COSC ANGER</u>
Can you identify any triggers that cause an a seasonal changes, etc. (Na.) Na. K. L.	allergy artack: example: insects, police,
What are some Sigus & Symptoms your chil problem? Please explain:	ld may exhibit if liaving an allergy SOURCE STATE (1900)
Will child need an Epi Pen or Benadry or at -Of yes, have ductor complete permission from for Prescribed or C	ny prodication keep ut school? Yes /N() Over-treeCourter Medications (and do heath care plan
Parent / Guardian Signature	Dare: <u>8-4</u> -16

Preventive Esalth Questionnaire

: C	hild's Name:		
	Please should the Yes for the bus after each question. Yes "No	•	
1.	Max child ever had a <u>positive</u> I H skin test or chest x-ray? When?	l	X
7.	Riad contact with person with confirmed or suspected infections behave along the (Family member or friend)	$\lceil \cdot \cdot \rceil$	X
3,	Has abild congrated from a foreign country where there is a history of Tuberculosis? (Asia, Middle Last, Africa, Lacia America)		X
d ,	Use child traveled to a foreign county or had contact with a native person from such a country where there is a history of tuberculosis? (Countries other than thatel States, Canada, New Zealand, Western Countries)	□:	X
	Llibo's Written Lead Rick Assessment		
1.	. Does child live in or yisd a house with peeling or chipping paths built before 1950?		X
2.	. These child live or vivit a house built before 1978 with remodeling or removaljons (aking place) (Remodeling meaning other Gun quanting, carpet or wall paper removal)		X
3.	Does child have a family member or playment being treated for abnormal blood lend level?	_:	XI
4.	Dots child live with an adult whose join or bodyly involves caposure to lead? (Working on a farm, bridge, tunnel, or high-ver construction areas, or with hatteries, communition, or on firing range.)]	K
٠.	Does rhild ent non-food items that may contain lead such as paint chips, dirt, and crayons, etc?	Ī.	K
6,	Does child receive home or folk remedies that may contain lead or use pettery or caramics dishware bought outside the USA for drinking and cooking? (Bishware <u>worknesh</u>) in the United States)	J	K
7-	Hos child had a change in residency or custody since last blood band Screening?		M
	Completed Bys Control Organization Proposition Control (Control (C		
Not	te: <u>If any questions are answered was follow-up must be</u> obtained and documental helow.		
Dal	fo: Parson making contact:		
Pet	Son confeated (Name, Title & Organization)	_	
:_			
Pla	on of Action if any:		

Treatment Status	No Problem Suspected			1
Referred To	Comments			
Previous Results	()7-29-2()15 (Age At Exam) 3y / 2m / 14d Performed 1 /8/56	By Physician Blood	Pressure Normal E	Blood Result
	(TS) No Proolem Suspected			
	Next Due 07 22-2016			
		\		
	Lead Screening (Next Due: 38-16-2017)) 🖳 📜		
Performed By	Staff Kastur	-	Exem Date	Treatment
Lead Screen	12mo Numal Pessed Assessment (Assessment)		.08 §6:20:6 4y / 3m / 8d	1
Treatment Status	No Problem Suspensed			/
Referred To	Comments	Passod Ass	essment	
Provious Resulta	(08-07-2015 (Age At Exam) 3y / 2m / 29d Performed I Due 08-07-2016 (TS) No Problem Suspected (C) pass (05-14-2013 (Age At Exam) 1y / 0m / 6d Performed B	sec assassment		
Provious Results	Due 08-07-2016 (TS) No Problem Suspected (C) разв 105-14-2013 (Age At Exam) 1y / 0m / 6d Performed B 105-14-2017 (TS) No Problem Suspected	sec assassment		
	Due 08-07-2016 (TS) No Problem Suspected (C) pass 105-14-2013 (Age At Exam) fly / 0m / 6d Performed B 05-14-2017 (TS) No Problem Suspected Physical (Next Due, 05-08-2017) &	sec assassment	no Normal Low (Scr	eenragi Next Di
	Due 08-07-2016 (TS) No Problem Suspected (C) разв 105-14-2013 (Age At Exam) 1y / 0m / 6d Performed B 105-14-2017 (TS) No Problem Suspected	sec assassment		eening) Next D i
Performed By	Due 08-07-2016 (TS) No Problem Suspected (C) pass 105-14-2013 (Age At Exam) fly / 0m / 6d Performed B 05-14-2017 (TS) No Problem Suspected Physical (Next Due, 05-08-2017) &	sec assassment	no Normal Low (Scr	eenragi Next Di
Performed By Posture/Gait	Due 08-07-2016 (TS) No Problem Suspected (C) page 05-14-2013 (Age At Exam) fly / 0m / 6d Performed B 05-14-2017 (TS) No Problem Suspected Physical (Next Due, 05-08-2017) (3) Physician	sec assassment ky Physician (R) 18m 	no Normal Low (Scri Exam Date	eening) Noxt D i 35-39-2016 *y / 0 m / 10
Performed By Posture/Gait Head	Due C8-07-2016 (TS) No Problem Suspected (C) pass '05-14-2013 (Age At Exam) by / 0m / 6d Performed B 05-14-2017 (TS) No Problem Suspected Physical (Next Due, 05-08-2017) (3) Physician Normal General Appearance	sec assassment by Physician (R) 18m	no Normai Low (Son Exam Date Speech	eenng) Next Di 35-39-2016 4y J Om J 16 Nomal
Performed By Posture/Gait Head Glands	Due 08-07-2016 (TS) No Problem Suspected (C) page 05-14-2013 (Age At Exam) fly / 0m / 6d Performed B 05-14-2017 (TS) No Problem Suspected Physical (Next Due, 05-08-2017) (A) Physician Normal General Appearance Normal Heart Normal Abdomen	ec assassment by Physician (R) 18m Normal Normal Normal	no Normal Low (Son Exam Date Speech Teeth	eening) Noxt Di 35-39-2016 Ay John Jiro Normal Normal
Performed By Posture/Gait Head Glands Bones/Joints/Muscle	Oue 08-07-2016 (TS) No Problem Suspected (C) pass 05-14-2013 (Age At Exam) fly / 0m / 6d Performed B 05-14-2017 (TS) No Problem Suspected Physical (Next Due, 05-08-2017) (A) Physician Normal General Appearance Normal Heart	Normal Normal Normal Normal Normal	no Normal Low (Sch Exam Date Speech Teeth Lungs	gg-gg-2016 Ay / Om / 10 Normal Normal
Previous Results Performed By Posture/Gait Head Glands Bunes/Joints/Muscle Skin Treatment Status	Oue 08-07-2016 (TS) No Problem Suspected (C) page 05-14-2013 (Age At Exam) by / Ont / 6d Performed B 05-14-2017 (TS) No Problem Suspected Physical (Next Due, 05-08-2017) (A) Physician Normal General Appearance Normal Heart Normal Abdomen	ec assassment by Physician (R) 18m Normal Normal Normal	no Normal Low (Son Exam Date Speech Toeth Lungs Genitalia	35-39-2016 *y / 0m / 10 Normal Normal Normal Normal
Performed By Posture/Gait Head Glands Bunes/Joints/Muscle Skin	Oue 08-07-2016 (TS) No Problem Suspected (C) page 05-14-2013 (Age At Exam) by / Ont / 6d Performed B 05-14-2017 (TS) No Problem Suspected Physical (Next Due, 05-08-2017) 5/ Physician Normal General Appearance Normal Heart Normal Abdomen Normal Back No Problem	Normal Normal Normal Normal Normal	Exam Date Speech Teeth Lungs Genitalia Other	35-39-2016 Ay John Jing Normal Normal Normal



Cholesterol				- · · · ·		}
Treatment Status		:			i y/m/d	•
Referred To		Commente				1
Previous Results		. /		_!		
	:	Lead Screening (Next Du				
Performed By	Staff	· · ·	Result		Exam Date	Treatment
Lead Screen	2.2	 (Screaning)			11-07-2018	
LGG GGIGGII		(Scrott IIIg)			3y/6m/4a	
		Needed	· · · · • • • • • • • • • • • • • • • •			
Referred To		Comments				
Previous Results	77-21-2016 (d	Nge At Exam) 3y / 2m / 18		 leff (P\ / 2mo M	ormei PAS (Samo)	ning tank from
1441DUG MBOURD	.,	'S) No Problam Guspocted		E1 (14) E1110 N	on a respectively	mid) Leve Due
	J7-21-2017 (1	а) но этсьят аизрожее			, <u> </u>	
	•				Assess	M & NT
					114263	1 . C.
		Physical (Next Due: 04-29	9.2017) ಫ		.	
Performed By	Collaborative				Exam Date	04/29-2016
	. Agency .					2y / 11m / 26
Posture/Gait	Normal	General Appearance		Normal	Spooch	. Normal
Head .	Normal	Noso		Nome	Teeth	Normal
Glands	Normal	Head		Nomai	Lungs	Normal
Bones/Joints/Muscle	Vormal	Abdomen		Noma	Genitalia	Normal
Skin	Norma!	Back		Noma	Other	Normal
Treatment Status	No ∂rapiem				" Specify	•
	Suspented					
Referred To		Treatment				
Well-Baby Check?	No	Intervals				
Comments	•					
Previous Results						
		Dental (Next Dee: 03 02	2017) =3			<u>Denjaj</u> Čira
Parformed By	Dentist				Exam Date	.03-02-2016
•	_ ••				(Age at Exam)	2y / 9m / 29d
					, , , , , , , , , , , , , , , , , , , ,	21 - 201



COMMONWEALTH OF KENTLOKY MENUNIZATION CERTIFICATE

(Required for each child entoiled in day care center, certified family child care home, other licensed facility which cares for children prescribed programs, and public and private brimary and secondary schools.)

	pg 010 21	a peri le al iti biji	raile or many and set	Condary schools)
Name of Shild. (Last)			Birthdate	
,	I - Ref)	(64)	odie)	
Nams of Parent of Guardian,			<u> </u>	_
A2016851				
- 2:lee:		(City)	(State)	(Zip gode)
DATES HARW	UNIZATIONS WERE	ADMINISTERE	D (Month/Day/Yes.	4
Diphtheria, Tetonus, Portuasis*	#1 <u>9/3,43</u> #2,	11.1120/3#3/	120119 #4 912	914 m
мю≈	#19313#2	/1./1801 <u>,3</u> ×3	9129114 44	1
PCV (Przumecoccal)	#1 <u>93/0</u> #2	<u>U 148043</u> #3_	1.2014 4 9.29	214
Pollo	_ # <u>9313#</u> 1_	1L18(13#3 J	20114 sa	
Helpatitis Br. $\#1 \underline{\mathcal{G}} / 257$	B#29/3/13*3_	1/20/4 or A	dult dos∌r #1/_] #2 / /
warm in agreed with links " Hindelis")	#1 7.1477/2 #2	I = I		•
Varicella #1 <u>9/2014</u> #2_		hild has had chic	kenpoz or zoster di	Sease (X)
	or Td #4//_	féanir	10000cest es	
*DTaP, DTP, or D). **Hib hol required at locationations for though 15 years of ag	ି years ଦୀ ago or more 📅 e.	*Altemative Wordo	s≛ varies of Epproved Ho	lon hepatilis E vaccine
This child is current for immuniza certificate is		444 00111111111111111111111111111111111	HER DE ODIBINAC	
CERTIFY THAT THE ABOVE NA	MED CHILD HAS RE	SEIVED IMM. N	IZAT: ONE AC OTO	5. b. s =
_(N) (M000s	ma / dlahi	20000	Store 1	TULATED ABOVE
(Signature of physician APRN FA. (tharmacist, LHD admir is	rator, or Turse or	signee)	7/+8//G (Date)
<u> </u>	ABINE of Office or License	ed Healthcare Fac	: ib)	-—-
This certificate should be presente				

This certificate should be precented to the school or facility in which the child intends to enroll and should be retained by the school or facility and fired with the child's health record.



		Ge	eneral Informatio	П			
Child Name: Eggs Age: 3y / 8m / 9d		Child ID: Gender: l'env	ale		D0B: (
			Immunizations				
!	First	Second	Third	Fourth	Fifth	Next Shot Duc	Walver
Pollo	09-03-2013	11-18-2013	01-20-2014	· · · · · · · · · · · · · · · · · · ·	N/A	04-08-2022	
PATQ	09 00 2013	11 16 2013	01 20 2014	08/29-2014		09-11-2025	
MINR	C9 29 2014		N/A	NA	N/A	09-11-2025	
HIB	C9 03 2013	1-18-2013	09 29 2014		NΦA	12-16-2022	
HepatitisB	C4-25-2013	09-03-2013	01:20-2014		N/A	04-08-2022	
Varicella	09-29-2014		.;			01-11-2018	
HepatifiaA					N/A	07-12-2021	
Pneumococcal	89 33 2013	11 18 7003	01 20 2014	09/29/2014	N/A	COMPUBLIED	
Rotavirue					N/A	06 14 2013	
	all immunizations ap age all immunizations pos		in - Yes (antil 05-1	4-2013)			
	an minumzationa pos a guidelines for an ex						· · · ·
Citing their States	inamunications	reuthraut nout					
			Comments				
Comments				:	Next Cert	tification Date (05-27-2017
		lmmunization	at Enrollment (H	ealth History)			
child up-to-da le on	all immunizations	Yes				•	
propriate for his/her	а де 7						
	immunizations possi		•		· · · · · · · · · · · · · · · · · · ·		

XOE/DDS

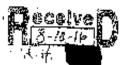
KD6SH5002

PREVENIATIVE REALTH CARE EXAMINATION FORM

All local boards of education shall engine a preparative boulds care exhaultenable of each child first exteriog a Kentucky public exhaultenable period of facility full authors priod to initial actualways asystems and works one (1) year period to coursy to airth grade. Local actual boards are protected this store pre-to-extend two (2) mentiles. (NO KAR 1:000)

PLEASE CONSCREEZE INVENTIFIANC INFORMATION AND RECORDS WENTERFING INFORMATION Stident Name Date of Birds ું જાળજાનિ Preferred Languages Farant or Cit entire Nonec_ RECORD OF DESIGNATIONS TO BE REPORTED OF IMMUNICATION CENTURICATE FORM, RPID 230. MEDICAL RISTORY Alleroles: _NKA /-Correcti Presentace Medications of he soken daily at actions: Significant Midderton Impermettes: SCREENING RESIDENCE Right 10 L'axed Heartz - Right $\overline{\Box}$ YSjoe Palled Referred Ē 140 281 Melizzed Hearing - Left Panig 📋 Retured Oracoul: Hereichichie Urineys(;;()_(Corol dental (recent and grant) Chitmed | Abnormal | Abnormal | Abstract | Botmal | Abnormal Per Gerledon Referent an Post Control World Throat Adiat/∏x: Charlangelicant Refer Ta: GAMOrmit □ Almormot Reference: Abintes ∰yomus ⊡ Aleonad Refer Tv: Scollage; азделятили Normal _ Absormal Reference:

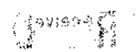
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aposto, Travel Ass				
TES chies be a beath condition that may require a	मारक्षाक वर्ता ॥ वर्त २८		llergics. Specify below,	
Recommended that (Artisch Liddlides & place if processory);				
(Pjeano Check One) (Timb child may participate fully lauched pelletides as	Stilling physical educar	Gen		•
[Tels child may gernelpate = school emphases inches (Specify recover and restriction)	•		•	<u>-</u>
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- Limit TV. conputer		Fire (221)		
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. 696	_)37-1760			
At 6-2	37-1790 (54%)			



FREVENTATIVE HEALTH CARR EXAMINATION FORM

A Times Promise of education shall require a prevented we health care examination of each citied first contesting a Kentucky public school within over (1) year point to eatry to stack grade. Local school counts may extend into time and to exceed one (2) counters. (744 KAR 4:821)
PLEASE COMPLETE THE INDESCRIPTION AND RECORDANCE.

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Page of Hirths:	months Preferred Language.
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Marie Mari	Person P
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PREMENTATIVE TICALTH CARE EXAMINATION FORM

A Dilusal exercis of city estion shall harp room preventients frealth or no extending on the child first engaging in Kenaucky public so new worths in period at their logic (42) requires prior to child admission to solute hard within time (1) were prior to entry to sixth grade. It does not have the real stay in freal that first but he exceed the (42) point to (75), KAR 1:1605.

PLAGE COMPLETE THE INPENTIFYING INPURMATION AND ACCORDS

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Kertecky Eye Exemination Form for Ser - Entry

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Head Start Developmental Screening Results



Child's Name:



Child's DOB



Stell Initials verify that the purent has been notified (a copy near known) about accoming results within 10 days of the data completed.

Brigance: Seif-Help & Socia	l Emotional (Teather Report):
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Head Start Notification of Growth Assessment

Date of Measure	8.23.16	
Name	Classroom	
Height Measure	36 wikes	
Weight Measure	35.16r	

BMI stands for **Body Mass Index**. **BMI** is calculated from weight and height measurements and is used to judge whether an individual's weight is appropriate for their height.

There are four categories in which children fall according to their *BMi*. They are listed below. Your child falls into the following category: (Staff, please circle or highlight the category in which the child falls.)

1. Underweight: At or below the 5th %.

2. Normal: Above the 5th% and below the 85th %

3. At Rish of Overweight: Between the 85th % and 95th %

ৰ. Overweight: At or above the 🕬 📆

If you have any questions, please contactine. Head Start also has a Registered Dietitian, Lori Howard, who will be happy to talk to you about any concerns that you have. Her marsher is 789-1600

Staff Signature

_____Date 8 3 - 16

Staff signature verifies that parent/caregiver has been notified of growth assessment require.

Category: Assessment Attendance	Service Typ	Assistance to fam	rillies of Incarcerated Individuals 🦠	Case Notes Date From:
Centa	•	Child abuse and o	neglect services	C7-01-2015 To: :12-06-2015
				到 Filter; View All:
•			29	
Family Name: Family ID: Birthdate:				. 5
Definition;		nen Nedon Istomati		
Case Note Date(ID)	Category	ase Notes Information		
Submitted By		Service Type	Case Note	
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ள் 10-11-2016 (95329) ட்	lucation		FSW HAS SENT HALLOWEEN HOME FOR ALL KIDS	SAFETY TIPS
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OAS/DSS

Kontricky Dental Screening/Examination Form for School Entry

KDE\$H\$005

Kentucky law, KRS 156.160(i), requires proof of a dental screening or examination by a dentist, dental hygionist, physician, registered nurse, advanced registered nurse practitioner, or physician essistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

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	Constant	(YExem
Parent or Guardian		Screener's Name: Dr. Alan Soth Hyden
Address:	Relationship Crtv:	Screener's Address: 38 Grace Drive.
1 Cognition 20,	. Ony	Prestonsburg, KY 4/653
Phane Number	_ School:	Phone Number: (1014: \$80 - 10 505 sgreening Date: 2 - 17 - 16
. Da	te of Examp/Screening 2. 117.16	Screener's Skinature: 344 4V
	· · · · · · · · · · · · · · · · · · ·	Professional affiliation; (Please check one)
Untreated Decay: (Section)	Treated Decay: (Check one)	
भूगि 0 No unitreated cavifics	©″0 No treated cavities .	☐ Physician Assistant ☐ LHD Registered Nurse with NUSS Smiles training
☐ 1 Untreated cavities	© 1 Treated cavities	IT APRN □ Physician
Pattern of Early Childhood Cavities: (Chark Olle)	Treatment Urgency: (Check one)	Comments:
네 0 No Early Childhood Cavities	♥ 0 No obvious problem	
ि 1 Early Childhood Cavitles	1 Early dental care neoded	· .
Present .	2 Referrel for Urgent Care NOTE: Comment required If marked.	· ·
OH-12	· · · · · · · · · · · · · · · · · · ·	··

	Previous Results		6 (Age At Exam) 4y / Om / 12d Performed By Collaborative Ag		
			ce Norma, Speech Normal Head Normal Nose Normal Teeth I		
	:		mal Abdomen Normal Genitalia Normal Bones/Joints/Muss:	le Normal Skin Norm	al Back Normal
		VOther Abro	onnal Specify ear canal red(TS) No Problem Suspeciad		
	1	Next Due	05-08-2017 Referred N o		
	•	Genoral A Normal Lui Normal Oti	5 (Age At Exam) 3y / 0m / 27c Performed By Registered Nors ppoarance Normal Speach Normal Head Normal Noise Norma ngs Normal Abdomen Normal Genitalia Normal Bones/Joint for Normal(TS) No Problem Suspected 04-23 2016 Referred No	a: Teeth Normal Glar	nds Normal Heart
	Performed By	Denrist	Dental (Next Due: 02-17-2017) 裔	Exam Date	<u>Dental Chart</u> 02-17-20:6
		i		(Age at Exam)	3y/10m/21a
ì	, le this a Dental Exam?	Yes	is the exam part of the Well-Baby check? No	Intervals	
l	Dental Needs Identified:	Cleaning :	and Flucride	/	
t	Treatment Status:	Complete/	No Further Treatment	Date Complete	d 02-17-2016
1	If treatment needed but was not re	ceiven, piea	se specify the primary reason	·	•
	: Dental Follow-Up (If not complete	- ptease expl	Jainj:	·	
	Provious Results	:	5 (Ago At Exam) 2y / 19m / 29c Dontal Exam Performed By I ealmen: Neeced 02-25-2015 Next Due 02-25-2010	Dantist (DNI) C eanin	g end Fluoride
		• •	Tobacco Assessment (3)		
	Child Exposed to Second Hand Smoke?	No	Counseled aboutireferred for Tobacco Use Prevention	n/Cessation?	· No

Kentucky law, KRS 156.160(t), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician essistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (6) year old is enrolled in public school.

		·
Student Name:ust	First Middle	Test Type (check one)
Dirtih date:	Gender: ☐ 0 Male ☐ 1 Femøle	☐ Screening
Parent or Suardian:	Restationestrp	Screener's Name: Screen
Address	. City:	Screener's Address: 21e Trivelle IX 8/2201 Pikeville, Ky 4/6001
Phone Number:	_ School;	Professional affiliation: (Pleasecheck one)
Untreated Decay: (Oreskow)	Treated Decay: (Checkons)	□ Dentist □ Dental Hygienist
P 0 No untroduct cavities	2 the freshed cavities	☐ Physician Actistant ☐ LHD Registered Nurse with KIDS Smits training
LÍ 1 Untreated cavities	☐ 1 Treated cavities	DAPRN D Physician
Pattern of Early Childhood Pavities: (Check tools)	Treatment Urgency: (Checkone)	Comments:
8 0 No Early Childhood Cavities	Ø 0 No obvious problem	6 Month cleaning solo 11/1
1 1 Early Childhood Cavibes	☐ 1 Early dental care needed	6 Month cleaning scheduled for:
Present	☐ 2 Referral for Urgant Care NOTE: Comment required if marked	

Previous Results	C8-C9-2018 (Next Due 38	Age At Exam) 3y (2m / 114 Perform (C9 2017 (TS) No Problem Suspected	ned By Slaff (R) Como d	Norms: pas po l (Assessment)
					·- ·
	. ,Ph	ysicaf (Neet Liun; 08-11-2017) 🍪			
Performed By	[‡] Physician	!		Exemil Dala	08-11-2016 3y 12m) 13d
Posture/Galf	Normal	Seneral Appearance	Vormal	9µeech	Abromal
Head	Normal	Nose	Compal	Taeti	Abroma
Glanda	Numial	Hoart	Namal	Liziga	Normal
Bones/Jointe/Muscle	Numna	Abdomen	Normal	Cenitalia	Normal
, 5kin	Namia	Back,	Nomal	Other	
Treatmont Status	No Treatmen (Nocaed	п		Specify	:
Referred To		Tractineir			
Well-Baby Check?	····	;Intervals			!
Comments	i diazapam, s Corebnal Pala	alzuraa, giva made if se zura gods ow ay	ar 5 minuths, needs P	T, OT and speech	ı. haa
Previous Rosults Performed By		ental (Newt Duc: No Date Set) වූ	Derral Сірг: Da t	c of Last Visit - H Exam Date	bealth History:
Is this a Dental Exam?		la the exem part of the Well-Bat	yy check?	(Age al committee) Intervals	
Treatment Status: If treatment needed but was not	t receivent, passes	apacify the primary roason	:	Data Complete	d _.
Dental Follow-Up (if not comple					
Previous Results	. :	Tobacco Assessment &			
Child Exposed to Second Hand Smoke?	ı į	Composed about/referred for To	lasco Uso Prevento	in/Cassation?	

At		Service Typ	e: Adult Education Assistance to famili Child abuse and ne	107-01-7015 : To: 12-75-2016 : Tiber View All
· ;			ase Notes Information	
Case Note Submitt		Category	Service Type	Case Note
23 11-10-2018	· · · · · · · · · · · · · · · · · · ·	rent involvement	Otner	sentityethomo SET THE TABLE FOR SAFETY
2-11 07-2015	(97770) h-6	ealth	<u>}</u>	I was at today are was going to check and see if the nurse would check blood pressure but she was absent.
\$\frac{1}{2} \cdot 11-01-2016	(96746) 1 e	÷āllh		Spoke with proposition of the limit of the proposition of the limit of the firms will be picking her up
Ø 09-26-2016	(94104) Ca	gwih	da	Growth assessment results and healthy eating too will be sent out to the parent/guardien concerning height/weight and BMT A copy of each will also be put in the child's folder.
Ø:04-04-2016	89866) Pa	 rent Involvement	:: :	I sent letters home about our April parent imeeting
\$\$ 05-24-2016	99468) De		†	Sent letter home felting parents know the needs Dontal updated. She had an appt in Feb.



Bentai Travel Permission

Dear Parent/Guardizat:
is scheduled for a medical appointment out 20-10 and an analymm, with Dr. Dr. Beeley in for for (\text{Sold} \) \(\text{Lx any} \) Please check yes or no and sign your name and date below.
Yes, Ee/She may go.
No, HE/She may not go.
Date

 $^{^{\}circ}$ Nach medical trip will need new permission form signed and flated.



Sharon Neeley, D.M.D. Medical Complex

Date: _{0_10(6
To Whom It May Concern:
Patient does not need to return to our office.
— Very return to enter to our office. Pediatric destinations Reason: Reason:
Mech ettensus treatment gen snow classes,
Thank You,

Shown Reeley, Drus Shuron Neeley, DMD

100

