

Chapter DCF 37

APPENDIX B

**INFORMATION FOR FOSTER PARENTS
 CHECKLIST**

| | Yes | No | NK * | If "Yes", please comment |
|--|-----|----|---------|-----------------------------|
| 1. Previous hospitalizations | | | | |
| a. Was anesthesia used? | | | | |
| b. Problems with anesthesia? | | | | |
| 2. Previous serious illnesses or injuries | | | | |
| 3. Has child had any other medical tests (e.g., CAT Scan, EEG, MRI)? | | | | |
| 4. Taking any medication including birth control pills or the use of birth control devices which require a prescription or other involvement of a physician? (If "Yes", name of medication, dosage, reason, prescription or over the counter, how given, by whom, who prescribed). | | | | |
| 5. Immunizations (Indicate date(s)) | | | | Date(s) |
| DPT (infants) (Diphtheria, Pertussis, Tetanus) | | | | |
| Polio (type: TOPV-Oral or IPV-Injectable) | | | | |
| MMR (Measles, Mumps, Rubella) | | | | |
| Flu | | | | |
| Pneumonia | | | | |
| Hepatitis B | | | | |
| 6. Significant biological family medical history: (e.g., cancer, heart problems) | | | | |
| 7. Medical needs | | | | |
| Apnea monitor | | | | |
| Gastrostomy | | | | |
| Tracheotomy | | | | |
| Ventilator | | | | |
| Heart monitor | | | | |
| Other (specify) | | | | |
| 8. Degenerative disorder | | | | |
| 9. Allergies, including animals, insect bites/stings, soap, wool, food, drugs, milk. (If "Yes", to what, symptoms, treatment) | | | | |
| 10. Child has or ever had the following: (If yes, date child had it) | | | | Date(s) |
| 7-day Measles | | | | |
| 3-day German Measles | | | | |
| Chicken Pox | | | | |
| Rubella | | | | |
| Mumps | | | | |
| Whooping Cough | | | | |
| Scarlet Fever | | | | |

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| | Yes | No | NK * | If "Yes", please comment |
|---|-----|----|---------|-----------------------------|
| Strep Throat | | | | |
| Impetigo | | | | |
| Lice | | | | |
| Worms | | | | |
| Sexually Transmitted Disease | | | | |
| Hepatitis B | | | | |
| Polio | | | | |
| Pneumonia | | | | |
| Mononucleosis | | | | |
| Scabies | | | | |
| Other | | | | |
| 11. Current dental problems | | | | |
| Braces or retainers? | | | | |
| Bridges or dentures? | | | | |
| Last dental exam date? _____ | | | | |
| 12. Appetite above or below normal | | | | |
| Balanced diet | | | | |
| Unusual eating patterns/habits (e.g., large sugar intake, no vegetables) | | | | |
| 13. Abdominal Concerns | | | | |
| Has had an ulcer or heartburn | | | | |
| Child regularly uses Tums or other antacid | | | | |
| Frequent nausea or vomiting | | | | |
| Child drinks caffeinated coffee or cola. How much per day? | | | | |
| Has had "yellow jaundice" or liver disease | | | | |
| Gets abdominal pain | | | | |
| Child uses laxatives. How often? | | | | |
| Becomes constipated or gets diarrhea | | | | |
| Has had blood in stool recently | | | | |
| Special diet needs (religious, medical, philosophical, vitamin/mineral supplements, etc.) | | | | |
| 14. Anorexia/bulimia/other eating disorders. Ever had treatment? | | | | |
| 15. Headaches | | | | |
| Migraine | | | | |
| 16. Coordination or balance problems/dizziness | | | | |
| Has had serious head injury or loss of consciousness | | | | |

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| Numbness or loss of strength in hand, arm or leg | | | | |
| Any trouble with swallowing or speaking | | | | |
| 17. Has had a seizure | | | | |
| Has had epilepsy | | | | |
| Type and frequency of seizures | | | | |
| How to respond | | | | |
| Controlled or uncontrolled | | | | |
| Ever hospitalized for seizures | | | | |
| Ongoing medicines for seizures | | | | |
| 18. Does child wear glasses? If yes, for how long? | | | | |
| Last eye exam (date, Dr.'s name) | | | | |
| Blurred or double vision | | | | |
| Contact lenses | | | | |
| 19. Has hearing problem | | | | |
| Ringing in ears | | | | |
| Discharge or infection in ears | | | | |
| Tube(s) in ears | | | | |
| 20. Blocking of nose, discharge, post-nasal drip | | | | |
| Nose bleeds | | | | |
| Persistent hoarseness | | | | |
| 21. Treatment for skin trouble, rashes, hives, acne, or breaking out | | | | |
| 22. Has had bursitis, sprain or dislocation of bone or joint | | | | |
| Cramps or pain in legs | | | | |
| Backaches | | | | |
| Arthritis | | | | |
| 23. Thyroid problems | | | | |
| 24. Child has had test for AIDS/HIV (If yes, date: _____) | | | | Results: |
| 25. Child has had test for Hepatitis (If yes, (date: _____) | | | | Results: |
| 26. Chest pain or discomfort/heart concerns | | | | |
| Asthma or wheezing | | | | |
| Cough, phlegm, bronchitis | | | | |
| Has coughed up blood | | | | |
| Smoke? If yes, how long? How much? | | | | |
| TB skin test. If yes, when? Results? | | | | |
| Heart trouble | | | | |

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| Rheumatic Fever | | | | |
| Has had electrocardiogram (EKG) | | | | |
| Has had chest X-ray. If yes, when was last one? | | | | |
| Heart murmur | | | | |
| High or low blood pressure. Last check up? | | | | |
| Irregular heart beat | | | | |
| Shortage of breath | | | | |
| Swollen ankles | | | | |
| How many pillows does child sleep on? | | | | |
| 27. Urinary or prostate problems/Gall bladder | | | | |
| Incontinence, urine or fecal | | | | |
| Bleeding or burning when urinating | | | | |
| Abnormally frequent urination | | | | |
| Has had kidney or gall bladder stone | | | | |
| 28. Anemia | | | | |
| 29. Blood problems | | | | |
| 30. Cancer, leukemia, or other malignancy | | | | |
| 31. History of abusing or not taking prescribed medications | | | | |
| 32. Alcohol use or abuse | | | | |
| 33. Other drug use or abuse | | | | |
| AODA treatment | | | | |
| 34. Is child menstruating? | | | | |
| Child understands menstruation | | | | |
| Child's periods are normal | | | | |
| Excessive cramping or pain | | | | |
| PMS symptoms | | | | |
| Medication for cramps. If yes, what medication? | | | | |
| Bleeding or discharge other than when menstruating | | | | |
| Has had a "yeast" infection | | | | |
| Has had a "Pap" test. If yes, when? Why? | | | | |
| Abnormal results? | | | | |
| 35. Child has physical or developmental disabilities | | | | |
| If yes, what type of disability? | | | | |
| Autism | | | | |
| Blindness | | | | |
| Cerebral Palsy | | | | |

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| Deafness | | | | |
| Dyslexia | | | | |
| Emotional Disturbance | | | | |
| Epilepsy | | | | |
| Fetal Alcohol Effect | | | | |
| Fetal Alcohol Syndrome | | | | |
| Mental Retardation | | | | |
| Muscular Dystrophy | | | | |
| Neurological Impairment | | | | |
| Physical Impairment | | | | |
| Other (specify): | | | | |
| Restrictions on Activities (e.g., lifting, driving, riding bikes) | | | | |
| Special equipment (e.g., cane, walker, wheelchair) | | | | |
| 36. Considering the age of the child, his/her abilities are not appropriate for: | | | | |
| Bathing | | | | |
| Feeding | | | | |
| Toileting | | | | |
| Dressing | | | | |
| Learning | | | | |
| Receptive Language | | | | |
| Mobility | | | | |
| Danger Awareness | | | | |
| Social/Emotional Functioning | | | | |
| Capacity for Independent Living | | | | |
| Other (specify): | | | | |
| 37. Limitations in verbal skills. (If yes, also check a or b below) | | | | |
| a. Child is non-verbal | | | | |
| b. Child has very limited verbal skills | | | | |
| 38. History of behavioral or emotional problems | | | | |
| 39. History of treatment for behavioral or emotional problems at a clinic or hospital | | | | |
| 40. Someone in child's immediate family has been treated or hospitalized for emotional or mental health problems. (If yes, also check below) | | | | |
| Depression | | | | |
| Anxiety | | | | |
| Mood swings | | | | |

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| Suicide attempts | | | | |
| AODA | | | | |
| Mental Health | | | | |
| 41. Has the child ever: | | | | |
| Felt hopeless or depressed | | | | |
| Had unexplained crying spells | | | | |
| Planned or attempted suicide | | | | |
| Had peculiar or bizarre thoughts | | | | |
| Had trouble eating or sleeping (either too much or too little) | | | | |
| Had an excess of energy or activity | | | | |
| Felt like hurting him/her self | | | | |
| Displayed reckless or dangerous behavior | | | | |
| Heard things no one else around him/her heard | | | | |
| Shown inappropriate emotions (reactions that didn't make sense in the situation). | | | | |
| Assaulted anyone physically (if yes, who, how recently, and how severely). | | | | |
| Assaulted anyone sexually (if yes, who, how recently, and how severely). | | | | |
| Assaulted or abused animals | | | | |
| 42. Child has had any of the following problems at home or in the community. | | | | |
| Withdrawing socially (doesn't want to be around other people) | | | | |
| Lying or stealing | | | | |
| Arguing or fighting with peers or siblings | | | | |
| Clinging excessively to a parent, teacher or other person | | | | |
| Problems with police | | | | |
| Setting fires | | | | |
| Refusing to follow instructions from parents or obey house rules, etc. | | | | |
| 43. Child ran away in past. (If yes, answer below) | | | | |
| For how long? | | | | |
| From where did child run? | | | | |
| Where did child go? | | | | |
| How was child returned? (Voluntarily, law enforcement, social worker?) | | | | |
| Why did child run? | | | | |
| Did/does child run alone or with others? | | | | |
| 44. Child has had any of the following problems at school | | | | |
| Poor grades | | | | |

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| Difficulty making friends | | | | |
| Suspensions from school | | | | |
| Fighting or arguing with peers or teachers | | | | |
| Frequent lying or stealing | | | | |
| Frequent truancy (including cutting classes) | | | | |
| 45. Child has trouble sleeping. If yes, answer below: | | | | |
| Child takes sleeping pills. If yes, how often? | | | | |
| General sleeping pattern (sleep alone, cold or warm room, lights on or off, door open or closed, usual hours of sleep, naps, sleep with toy, pajamas, sleep walk, wake during night, etc.) (Circle appropriate description or describe: | | | | |
| 46. Child has fears/phobias. If yes, answer below: | | | | |
| Darkness | | | | |
| Animals | | | | |
| Cars | | | | |
| Loud noises | | | | |
| Heights | | | | |
| Water (e.g., swimming pools, baths, lakes) | | | | |
| Weather (e.g., wind, thunder, storms) | | | | |
| Other (specify) | | | | |
| 47. Child has a history of making abuse allegations against care providers | | | | |

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