

Admission Annual



**Annual Medical Rapport de santé**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Children’s Aid Society of/Société d’aide à l’enfance de | | | | | | | | | | Telephone No./N° de téléphone | |
| Address - No./Adresse N° | | Street/Rue | | | | City/Ville | | | | Postal Code/Code postal | |
| Child’s Name/Nom de l’enfant | | | | Health Card No./Nº de la carte Santé | | | File Number/Numéro de dossier | | | Date of Birth/Date de naissance | |
| Child’s Worker/Travailleur social responsable de l’enfant | | | | Reason for visit/Raison de la visite | | | | | Accompanied Child/ Youth to Appointment | | |
| Height/Taille | Weight/Poids | | Vision Right/Droit Left/Gauche Both/Les Deux | | | | | | | | Temperature/Température |
|  | |  | | |  | | |

General/État général

Lab Tests and X-rays/Tests de laboratoire et radiographies

Current medication/Médicaments utilisés

Immunizations given at this time/Immunisations reçues à ce jour

|  |  |  |
| --- | --- | --- |
| Skin/Peau Glands/Mains | Chest/Bronches | |
| Lungs/Poumons | |
| Head/Tête | Breasts/Seins | |
| Fontanelle | Abdomen | |
| Eyes/Yeux | Liver/Foie | Spleen/Rate |
| Ears/Oreilles | G.U. | |
| Nose/Nez | Gynecology/Gynécologie |  |
| Throat/Gorge | L.N.M.P./D.R.P.M. (menstruation) | |
| Tonsils/Amygdales | Neurological/Neurologie |  |
| Teeth/Dents | Mentality/État d’esprit | |
| Heart/Coeur | Endocrine/Glandes endocrines | |
| Femorals/Artères fémorales | Spine/Colonne vertébrale | |
| Blood Pressure/Tensionartérielle  Hearing assessment / Évaluation auditive \_\_\_\_\_\_\_\_\_\_\_\_\_ | Extremities/Extrémités | |

Specific Concerns/Problèmes particullers

Comments and Recommendations (Diagnosis and treatment)/Commentaires et recommandations (diagnostic et traitement)

Follow-up/Suivi

|  |  |  |
| --- | --- | --- |
| Doctor’s name/Nom du médecin | Signature | Date (yyyy/mm/dd)/(aaaa/mm/jj) |
| Address/Adresse | | Telephone No./N° de téléphone |

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