

Admission Annual

**Annual Medical Rapport de santé**

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| --- | --- |
| 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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