Central Directory: 1 (800 234-1448
TTY/TTD 1(804) 771-5877

Infant & Toddler Connection of [Local System]

[Address]
[Address]
[City], Virginia [Zip]
[Phone (000) 000-0000]

Health Status Indicators

Date:

Physician Name
Address
City, State, Zip Code

RE: ____ _______________
Child's Name Date of Birth

Dear Dr. __________________:

This child is being served through the Infant & Toddler Connection of _____________. Please help us support this child and family by providing the information requested below. Once completed, please return this form to us at the fax/address listed at the bottom of this page.

<u>Health Status Indicator Questions</u>

1. Is this child up to date (per CDC/ACIP guidelines for this year) on immunizations? __ Yes ___ No
2. What is the date of this child's most recent visit with you? ____/____/____.
3. What is the date of the most recent well child visit? ____/____/____.
4. What month/year should this child see you for the next well-child visit? ____/____.
5. Are there immunizations needed at time of next visit? ___Yes ____No
6. Does the child's record have any lead testing (either capillary or venous) results? ____ yes ____ no If yes, date service provided ____/____/____ and testing results: ___normal ___elevated

****
THANK YOU!

____

Name/Title

Return this form to:
Name, address, city/state/zip code, fax number