

HUMAN RESOURCE TRAINING, INC.
 5501 N. 19th Avenue, Suite 310
 Phoenix, Arizona 85015

Medical and Dental Care Information
 (Quarterly Review)

Name of Child: _____ Age: _____ Date of Placement: _____

Name of Family: _____

MEDICAL INFORMATION

Name of primary physician: _____

Address & phone number of physician: _____

	1 st quarter	2 nd quarter	3 rd quarter	4 th quarter/Renewal
Date of medical examination				
Screening for communicable disease				
Screening for vision & hearing				
Routine immunizations				
Medical follow-up				
Routine annual medical exam.				
Other (specify)				

DENTAL INFORMATION:

Name of physician: _____

Address & phone number of physician: _____

	1 st quarter	2 nd quarter	3 rd quarter	4 th quarter/Renewal
Date of dental examination				
Early prevention				
Routine dental examination				
Orthodontic				
Oral surgery				
Other (specify)				

* Please complete the placement requirements checklist at the back of this form.