TEEN CHALLENGE OF THE UPPER CUMBERLAND
200 Freedom Ln., Livingston, TN 38570
1-888-688-0470 - FAX 1-888-221-4764 - www.TeenChallengeUC.org

HEALTH SCREENING FORM

TO BE COMPLETED BY MEDICAL PROVIDER ONLY Today's Date:__________________

Name____ D.O.B.__________________________

Present Illness/Complaint/Disabilities, if any:____

____

Allergies: ____

Medicine currently prescribed and reason:____

____

Has client been exposed to any communicable diseases: No Yes, specify____________________________________

History of chronic or major illness: ____

Operations: ____

____

Hospitalizations: ____

____

Physical Examination Code: Satisfactory = S Unsatisfactory = U Not Examined = O

Height_____________ Weight___________ B/P____________ Pulse ________ Resp_________ Temp__________

General Appearance (including schemata of drug abuse)

Nutrition ________________ Head: _____________________Ears _________________ Hearing: R_______ L________

Eyes _____________________ Vision:(w/out glasses) R _______L_______ (with glasses) R____L_____

Nose________________ Throat________________ Mouth/Teeth________________ Neck/Thyroid________________

Chest________________ Cardiac________________ Abdomen________________ Genitalia________________

Hernia________________ Skin________________ MusculoSkeletal ________________ Neurologic_____________

Tests (*Attach computer printout of all test results)

☐ TB Test only ($12) ____________________________ results: ____

Lab/Blood work(check all that are done) ☐ VP/Blood draw ($7.00)

☐ Urinalysis (81003,$4.80) ☐ RPR (86592,$10.00) ☐ Hep ABC (80074,$45.00)

☐ Urine Pregnancy (81025, $15.00) ☐ Hep B Core(86705,$12.20) ☐ Chest xray ($58)

☐ HIV(86701,$15.00)

Optional Tests: CBC________________ Liver Function________________

Comments, recommendations: ____

Signature of Provider ____

Address: ____City, State, Zip: ___________________________________

Phone: ________________________________

DENTAL EXAM: Please CIRCLE

Needed work was done: Yes No

No further work is needed at this time: Yes No

Further work is needed soon: Yes No

____

Dentist Signature Phone Number