HEALTH TRACKS SCREENING RESULTS

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
HEALTH TRACKS DIVISION
SFN 871 (6-2019)

Clear Fields

FOR:		Telephone Number:	Screening Date:
Vision: R: L:	Color Perception:	Test Used:	Hearing: R: L:
Height:	Weight:	Head Circumference:	Blood Pressure:
Pulse:	Respiration:	Urine Test:	Hemoglobin:
Immunizations:			
Other Recommendations:			

HEALTH TRACKS APPOINTMENTS

Appointment With:			Telephone Number:
Address:	City:	State:	ZIP Code:
Appointment Date and Time:			
Comments:			

Appointment With:			Telephone Number:
Address:	City:	State:	ZIP Code:
Appointment Date and Time:			
Comments:			

Appointment With:			Telephone Number:
Address:	City:	State:	ZIP Code:
Appointment Date and Time:			
Comments:			

Appointment With:			Telephone Number:
Address:	City:	State:	ZIP Code:
Appointment Date and Time:			
Comments:			

IMPORTANT: If you are unable to keep this appointment or if you need assistance with transportation, please call the County Social Service Office.

Social Worker's Name:	County:	Telephone Number:

REMEMBER: You are responsible for contacting your social worker after every appointment. Thank You !

DISTRIBUTION: Copy to parent; copy for file