FORM 631-E

Health Passport

HEALTH VISIT REPORT

(See Instructions on reverse)

1. NAME OF PROVIDER *(Print or Type)*	4. CHILD'S NAME	5. DATE OF VISIT
2. FACILITY *(Name and Address)*	6. CHILD'S BIRTH DATE	
	7. WORKER NAME AND ID #	
3. TELEPHONE #	8. WORKER TELEPHONE	9. LDSS

A. TYPE OF VISIT

1. ☐ **INITIAL HEALTH SCREEN**
2. ☐ **COMPREHENSIVE HEALTH ASSESSMENT**
3. ☐ **WELL CHILD / EPSDT / HEALTHY KIDS**
4. ☐ **SICK / EMERGENCY**
5. ☐ **OTHER *(specify)***

B. VISIT INFORMATION *(is completed by Health Care Provider or (2) copies of Providers report must be attached).*

1. ASSESSMENT / DIAGNOSIS:

2. IMMUNIZATIONS:

3. FOLLOW UP NEEDED? *(explain, and indicate if condition requires ongoing visits, noting frequency and expected completion dates).*

PROVIDER SIGNATURE	DATE