



FOSTER PLACEMENT INFORMATION

COTTONWOOD PEDIATRICS
WWW.COTTONWOODPEDS.COM
700 MEDICAL CENTER DR, STE 150
NEWTON, KS 67114
P: (316)283-7100 | F: (316)283-7118

PATIENT FULL NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
FOSTER PARENT FULL NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
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CASE MANAGER NAME	<input type="text"/>	ORGANIZATION	<input type="text"/>	DATE OF PLACEMENT	<input type="text"/>
OFFICE PHONE NUMBER	<input type="text"/>	EXT. NUMBER	<input type="text"/>	CELL PHONE NUMBER	<input type="text"/>
FAX NUMBER	<input type="text"/>	CASE NUMBER	<input type="text"/>	TODAY'S DATE	<input type="text"/>

I have the placement/guardianship papers for this child
Due to HIPAA regulations, we require this paperwork BEFORE seeing a foster patient.

HEALTH RECORDS

To provide appropriate medical care and meet KDHE requirements, please present or sign the release for the patient's past medical history, including but not limited to:

<input type="checkbox"/> CURRENT HEALTH OR DEVELOPMENT CONCERNS	<input type="checkbox"/> IMMUNIZATIONS
<input type="checkbox"/> CURRENT MEDICATIONS	<input type="checkbox"/> DATE OF PATIENT'S LAST PHYSICAL/WELL CHILD EXAM
<input type="checkbox"/> ANY KNOWN DRUG ALLERGIES	

Please note: if a foster child has commercial insurance, we may not be able to see her/him, especially under HMO plans. If locked in to another provider, it may be advisable to seek care with the PCP listed with the HMO.



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