



DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION

ናይ መመልከት ናይ ሕክምና ሪፖርት- ምሽጥራዊ
Applicant Medical Report - CONFIDENTIAL

DATE ዕለት

Section 1: Completed by Applicant and sent to Medical Provider
ክፍለ 1: ብኣመልከት ተመሊኡ ንኣቕረብቲ ሕክምና ዝለኣኽ

MEDICAL PROVIDER ኣቕራቢ ሕክምና	PHONE NUMBER (AREA CODE) ቴሌፎን ቁጽሪ (ከባብያዊ ኮድ)	RETURN TO CA WORKER ናብ CA ሰራሕተኛ መልስ	
ADDRESS ኣድራሻ			
CITY ከተማ	STATE ክፍለ ሃገር	ZIP CODE ዚፕ ኮድ	
NAME OF APPLICANT ስም ኣመልከት			DATE OF BIRTH ዕለት ልደት

I hereby authorize my medical provider to release my medical history information including, but not limited to, information on the issues I have initialed below. This information is required as part of a home study for foster care and/or adoption. This release of information is valid for one year from date of my signature. **NOTE: Be sure to initial each line and sign.**

_____ mental illness, _____ alcohol and drug concerns, _____ sexual and/or physical abuse, _____ domestic violence.

ኣቕራቢ ሕክምናይ ኣብዚ ንታሕቲ ዝፈቐድክዎ መረዳኣታ ሓዊስካ ኮይኑ ግና ብዚ ጥራሕ ዘይተገደበ ናይ ሕክምና ታሪኽ ከካፍል ፍቓድ ይህብ:: እዚ መረዳኣታ ከም ሓደ ኣካል ናይ ገዛ ጽንዓት ንናብዮት/ሕጋዊ ምዕባይ ዘድሊ እዩ::

እዚ መረዳኣታ ካብ ዝፈረምኩሉ ዕለት ንሓደ ዓመት ቅቡል ይኸውን:: **መዘከርታ: ሕድሕድ መስመር ክትጅምርን ከምኡ እዉን ከም ዝፈረምካ ርግጸኛ ኩን::**

_____ ሕማም ኣእምሮ, _____ ናይ ኣልኮልን ሓሺሽን ጸገም፣ _____ ጸታውን ኣካላውን ጥቕዓት፣ _____ ናይ ገዛ ጥቕዓት::

SIGNATURE OF APPLICANT
ናይ ኣመልከት ክታም

DATE
ዕለት

Section 2: Completed by Medical Provider and sent to CA Worker Return Address above
ክፍለ 2: ብናይ ሕክምና ኣቕረብቲ ተመሊኡ ብቲ ኣብ ታሕቲ ዝተገለጸ ኣድራሻ ን CA ሰራሕተኛታት ዝለኣኽ

DATE FIRST SEEN BY PROVIDER ብኣቕራቢ ዝተርኣየሉ ናይ ፈላጊ ዕለት	DATE OF LAST PHYSICAL EXAMINATION ናይ መወዳእታ ኣካላዊ ምርመራ ዕለት	
DATE AND RESULTS OF LAST TB TEST ናይ መወዳእታ TB ምርመራ ውጽኢት እና ዕለት	DATE OF LAST TDAP ናይ መወዳእታ TDAP ዕለት	DATE OF LAST INFLUENZA VACCINE ናይ መወዳእታ ኢንፍሉዌንሻ ክትባት ዕለት
SPECIALIST REFERRED TO ሪፈር ዝተገበረሉ ሓኪም	ADDRESS OF SPECIALIST ኣድራሻ ሓኪም	
REASON FOR REFERRAL ምኽንያት ሪፈራል		
SIGNIFICANT PAST MEDICAL HISTORY INCLUDING CHRONIC / FREQUENT MEDICAL ISSUES ከሮኒክ/ተከታታሊ ናይ ሕክምና ጸገም ሓዊሱ ጠቓሚ ናይ ቀደም ናይ ሕክምና ታሪኽ		

<p>CURRENT MEDICAL DIAGNOSIS ናይ ሕዲ ሕክምና ምርመራ</p>	
<p>CURRENT MEDICATIONS: PLEASE STATE THE PURPOSE OF THE MEDICATION, ANTICIPATED SIDE EFFECTS AND CONCERNS IF THE MEDICATION IS NOT TAKEN, AND HOW IT AFFECTS DAILY FUNCTIONING. ናይ ሕዲ መድሓኒት፡ ብኸብረትካ ናይቲ መድሓኒት ዕላማ፣ ትጽቢት ዝግበረሉ ጽልዋን እቲ መድሓኒት እንተዘይተወሲዱ ዘለዎ ጸገምን ዕለታዊ ምንቅስቃስ ብኸመይ ጽልዋ የሕድር።</p>	
<p>PROGNOSIS ቅድመ ግምገማ</p>	
<p>PLEASE DESCRIBE HOW ANY MEDICAL CONDITION AFFECTS THE CARE OF CHILDREN. ብኸብረትካ ዝኾነ ናይ ሕክምና ኩነታት ኣብ ናይ ቆልዑ ክንክን ብኸመይ ጽልዋ ከም ዘሕድር ግለጽ።</p>	
<p>COMMENTS OR IMPRESSIONS ርእዮ ወይ ሓሰብ</p>	
<p>MEDICAL PROVIDER'S SIGNATURE ክታም ኣቕረብቲ ሕክምና</p>	<p>DATE ዕለት</p>