

Intake Nursing Assessment

Child's name:	Case number/person number:
Date of birth:	Date of assessment:
Caseworker/phone number:	Branch:
Child's primary care provider:	Phone number:
Date of contact with foster parent:	

Known medical history/diagnoses
<input type="checkbox"/> Fetal exposure to drugs or alcohol (<i>age 0–1 only</i>)

Current medications	Allergies to medications <input type="checkbox"/> KNDA
<input type="checkbox"/> Medication log provided <input type="checkbox"/> Medication log reviewed <input type="checkbox"/> Not applicable	

General appearance	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (see notes)
Infant (0–24 months)	
Foster parent-infant, infant-foster parent interaction	
Body symmetry, spontaneous position and movement	
Symmetry and positioning of facial features	
Strong cry	
General health	
Fontanelles	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Child (2–12 years old)	
Foster parent-child, child-foster parent interaction	
Mood and affect	
Gross and fine motor skills	

Appropriate speech	
Developmental milestones	
General health	
Adolescent and young adult	
Mood and affect	
Personal hygiene	
Communication	
General health	

Vital signs	
Temperature	
Respirations	
Blood pressure	
Heart rate	
Capillary refill	
Height	
Weight	
Nutrition	
Food allergies	
Appetite	
Special diet	
Appropriate weight for age	
Feeding issues	

Physical assessment	
Neurologic	
Pupils	
Grip	
Level of consciousness	
Gait and balance	
Sleep pattern	
Respiratory	
Respiratory effort	
Breath sounds	
Cardiovascular	
Skin	
Heart sounds	
Radial pulses	

Gastrointestinal	
Shape	
Distention	
Bowel sounds	
Elimination (<i>frequency, consistency, color</i>)	
Urinary	
Urination (<i>frequency, color</i>)	
Bed wetting	
Circumcised (<i>male</i>)	
Reproductive health for adolescent and young adults <input type="checkbox"/> Not applicable	
Has menses begun (<i>for girls</i>)	
Characteristics of menses	
Sexually active	
Pregnant	
Musculoskeletal	
Ambulation	
Posture	
Pain/swelling	
Skin	
Color	
Bruising/wounds/skin breaks/rash	
Ear/nose/throat (ENT)	
Lesions/trauma	
Secretions	
Ear canal	

Additional nursing assessment notes

Adaptive devices and medical equipment (<i>glasses, hearing aid, dental gear, nebulizer, etc.</i>)
<input type="checkbox"/> In child's possession

Home environment
<input type="checkbox"/> Condition of the home:

- ☐ Adequate sleeping space:
- ☐ Developmentally appropriate toys, games, books:
- ☐ Nutritious food available:
- ☐ Safety concerns:
- ☐ Other:

Nursing interventions and recommendations

Caseworker

- ☐ Refer to Early Intervention (0–3 y/o)
- ☐ Refer to WIC for nutritional counseling and support (0–5 y/o)
- ☐ Schedule CANS screening and mental health assessment
- ☐ Other:

Foster parent

- ☐ Make appointment with healthcare provider as soon as possible
- ☐ Make appointment with dental health provider as soon as possible (*age 1 and older*)
- ☐ Review information in health and wellness packet provided
- ☐ Other:

Additional interventions and recommendations

Recommended follow-up: ☐ None ☐ Phone call ☐ Visit Follow-up date:

Personal care assessment completed: ☐

Assessment completed by:

Date