

COMMITTED & PROBATED YOUTH HEALTH RECORDS

LEFT SIDE

Birth Certificate
Social Security Card
Medicaid / Insurance Card
-----*tab*
Physical Exam
Immunization Record
Eye, Ear, Dental form
Dental Exam
-----*tab*
Notice of Privacy Practices (if signed in community)
Medical Permission Form (if signed in community)

RIGHT SIDE

Service Plan
-----*tab*
Psychological/Psychiatric Reports
Psychosexual Reports
Safety / Supervision Plan
JSORRAT
-----*tab*
Community Mental Health Screening
-----*tab*
IEP
Psychoeducational Evaluation
-----*tab*
MATCH Profile Instrument
Discharge Summary
Progress Notes

**FILE ALL INFORMATION CHRONOLOGICALLY,
WITH MOST RECENT INFORMATION ON TOP**