



Infant & Toddler
Connection of Virginia

Central Directory: 1 (800) 234-1448
TTY/TTD 1(804) 771-5877

Infant & Toddler Connection of [Local System]

[Address]
[Address]
[City], Virginia [Zip]
[Phone (000) 000-0000]

Health Status Indicators

Date:

Physician Name

Address

City, State, Zip Code

RE: _____
Child's Name Date of Birth

Dear Dr. _____:

This child is being served through the Infant & Toddler Connection of _____. Please help us support this child and family by providing the information requested below. Once completed, please return this form to us at the fax/address listed at the bottom of this page.

Health Status Indicator Questions

1. Is this child up to date (per CDC/ACIP guidelines for this year) on immunizations? Yes No
2. What is the date of this child's most recent visit with you? ____/____/____.
3. What is the date of the most recent well child visit? ____/____/____.
4. What month/year should this child see you for the next well-child visit? ____/____.
5. Are there immunizations needed at time of next visit? Yes No
6. Does the child's record have any lead testing (either capillary or venous) results? yes no If yes, date service provided ____/____/____ and testing results: normal elevated

THANK YOU!

Name/Title

Return this form to:

Name, address, city/state/zip code, fax number