FORM 631-E	Health Passport **HEALTH VISIT REPORT** *(see instructions on reverse)*	
1. NAME OF PROVIDER *(Print or type)*	4. CHILD'S NAME	DATE OF VISIT
2. FACILITY *(Name and address)*	6. CHILD'S BIRTH DATE	
	7. WORKER NAME AND ID#	
3. TELEPHONE	8. WORKER TELEPHONE	9. LDSS

A. TYPE OF VISIT

- ☐ INITIAL HEALTH SCREEN
- ☐ COMPREHENSIVE HEALTH ASSESSMENT
- ☐ WELL CHILD/EPSDT/HEALTH KIDS
- ☐ SICK/EMERGENCY
- ☐ OTHER *(specify)* *Dental*

B. VISIT INFORMATION *(is completed by health Care Provider or (2) copies of Providers report must be attached)*

1. ASSESSMENT/DIAGNOSIS:

2. IMMUNIZATIONS:

3. FOLLOW UP NEEDED? *(explain and indicate if condition requires ongoing visits,noting frequency and expected completion dates).*

PROVIDER SIGNATURE	DATE