BETTER TOGETHER MESA

INITIAL WELLNESS SCREENING

Agency Form — Admission / Intake

Purpose: Use this form to document the Initial Wellness Screening completed within 24 hours of admission. This screening is not a physical examination, diagnosis, or treatment. Follow Better Together Mesa emergency, medical, medication, notification, and referral procedures when concerns are identified.

1. CHILD AND ADMISSION INFORMATION

Child Name		**Date of Birth**	
Agency / Facility		**Living Unit / Home**	
Admission Date		**Admission Time**	
Placing Entity / Contact		**Case / ID #**	

2. SCREENING INFORMATION

Screening Date		**Screening Time**	
Staff Member		**Staff Position**	

Completed within 24 hours? ☐ Yes ☐ No If No, explain: _____

3. IMMEDIATE SAFETY / URGENT MEDICAL CONCERN

If the child appears to have a life-threatening condition or requires urgent medical attention, follow emergency and agency procedures immediately. Do not delay care to finish this form.

☐ No immediate emergency concern identified

☐ Immediate / urgent concern identified

Action taken / emergency response / person notified:

4. VISUAL SCREENING — OUTWARD APPEARANCE

Observe the child respectfully for outward signs of injury, disease, illness, or intoxication. This is a screening—not a physical examination or diagnosis.

Observation Area	No Concern	Concern	Brief Objective Description / Location
Cuts / open wounds	☐	☐	
Bruising	☐	☐	

Lice / evidence of lice	☐	☐	
Bite marks	☐	☐	
Scars	☐	☐	
Signs of intoxication	☐	☐	
Symptoms of disease or illness	☐	☐	
Other obvious physical injury / concern	☐	☐	

5. APPARENT VISION AND HEARING CONCERNS

Area	No Concern	Concern	Observed / Reported Concern
Vision	☐	☐	
Hearing	☐	☐	

Referral needed? ☐ No ☐ Yes Action / referral: _____

6. CHILD VERBAL REPORT

Use developmentally appropriate, non-leading questions. Document relevant health concerns in the child's own words when appropriate.

Current pain or discomfort:

Current injury or illness:

Vision or hearing concern:

Current medications / medication needs:

Allergies or other immediate health concern:

Other health information reported by child:

7. FINDINGS, REFERRALS, AND FOLLOW-UP

Document what was observed or reported and the action taken. Do not diagnose. Refer for immediate or further assessment or treatment when indicated.

Overall screening result: ☐ No condition/problem identified ☐ Condition/problem identified

Level of follow-up: ☐ Emergency response ☐ Urgent medical evaluation ☐ Further/routine assessment ☐ Supervisor consultation ☐ No referral indicated

Referral / provider / appointment:

Notifications made: ☐ Supervisor ☐ Placing Entity ☐ Parent/Guardian (if applicable) ☐ Medical professional ☐ Other: _____

Follow-up responsibility / due date:

8. OBJECTIVE NOTES / ADDITIONAL FINDINGS

9. STAFF CERTIFICATION

I certify that I completed this Initial Wellness Screening based on the child's outward appearance, apparent vision/hearing concerns, and verbal report; documented identified conditions or problems; and followed Better Together Mesa procedures for referral, notification, and follow-up. I understand that this screening does not replace a medical examination, diagnosis, or treatment by a licensed medical practitioner.

Staff Name		**Date**	
Signature		**Time**	

Supervisor Review (if required) / Date:

10. AGENCY USE / FORM CONTROL

Agency Form Name / Version		**Effective Date**	
Reviewed / Approved By		**Review Date**	

Agency-specific instructions or additional required fields:

Form control note: This form is intended for Better Together Mesa and should be used only with the agency's approved Admission and Intake Policy and applicable current requirements.