



SICK CALL INDEX

Please complete one form per youth.

NAME OF YOUTH: _____

DJJID #: _____ DATE OF BIRTH: _____

PURPOSE

The purpose of this form is the chronological listing of a youth's sick call complaints so that health care providers may have a concise record of recent or recurring complaints. This record does not take the place of the detailed entry of sick call care, which is included in the chronological progress notes of the Individual Health Care Record. This is an index only to the sick call complaints.

INSTRUCTIONS

A sick call complaint is listed as it occurs. The date of the occurrence and the facility are both entered. Complaints, which occur more than once, are not listed again, but the subsequent dates of occurrence and the facilities are filled in. **Any sick call complaint for which the youth seeks care on three or more occasions during a two-week period MUST result in an assessment by a licensed healthcare professional (MD, PA, or APRN).** This includes physical health complaints, mental health complaints, and dental health complaints. Referrals for assessment by a licensed health care professional (MD, PA, or APRN) MUST be made AT ANY TIME that the seriousness of the youth's sick call complaint cannot be determined, or if the youth has a chronic condition (for example, seizure disorder, asthma, diabetes, possible side effects of prescribed medication) and the sick call complaint is related to that chronic condition.

OCCURRENCES AND FACILITY

SICK CALL COMPLAINT	DATE/FACILITY	DATE/FACILITY	DATE/FACILITY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

