

### Failed Health Event Follow-Up

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Health Event Name	Date	Status	Provider	Funding	Treatment Received
Original Failed Event Name:		Failed			X
Follow-up Action Type:					Yes/No
Follow-up Action Type:					Yes/No

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Health Event Name	Date	Status	Provider	Funding	Treatment Received
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Action Type	Status Codes		Provider Codes	Funding Codes
Communication (C)	Case Management (CM)	Parent Refused (PR)	Head Start Staff (H)	Head Start (H)
Evaluation (E)	Consultant Observation (CO)	Passed Rescreening (P)	Doctor (D)	Medi-Cal (MC)
Follow-up (F)	Doctor Refused (DR)	Received Results (RR)	Dentist (DDS)	Private Insurance (PI)
Referral (R)	Education material provided (EM)	Requested items (RI)	Other (WIC) (O)	Free (WIC) (F)
Treatment (T)	Evaluation Completed, No tx (E)	Treatment Completed (TC)		
	Failed 1 <sup>st</sup> Rescreen (F)	Treatment Discontinued, Dropped (TD)		
	In Treatment Process (IT)	Unable to test (U)		
	No show for appointment (NS)			