

Failed Health Event Follow-Up

Child's Name: _____ DOB: _____

Failed Health Event & Date	Date of F/U	Action Type	Status Code	Notes	Provider Code	Funding Code

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Action Type	Action Status Codes	Notes	Provider Codes	Funding Codes
Communication (C)	N/A	MUST provide details	Head Start Staff (H) Doctor (D) Dentist (DDS) Other (WIC) (O)	Head Start (H) Medi-Cal (MC) Private Insurance (PI) Free (WIC) (F)
Follow-up (F)	Failed Rescreen (F) Passed Rescreening (P) Unable to test (U)	As needed		
Referral (R)	N/A	MUST provide details		
Evaluation (E)	Evaluation Completed, No tx (E)	As needed		
Treatment (T)	In Treatment Process (IT) Treatment Completed (TC)	As needed		