



PERRY MULTI-COUNTY JUVENILE FACILITY

PERRY – COSHOCTON – DELAWARE – FAIRFIELD – KNOX – LICKING – MORGAN – MUSKINGUM

1625 COMMERCE DR. - NEW LEXINGTON, OH 43764 - PH: (740) 342-9700 - FAX: (740) 342-9701

Medical Summary

This form is to be completed by a medical professional at the youth's place of confinement, prior to the resident's intake at PMCJF

Medical Summary for (new resident's name): _____

Juvenile Facility: _____

Informants Name and Title: _____

Business phone: _____

Short Medical History: (indicate with yes or no and give explanation if yes)

1. ___ Allergies: _____

2. ___ Current Medications: _____
Last date and time given: _____

3. ___ Surgeries and Dates: _____

4. ___ Fractures and Dates: _____

5. ___ Hospitalizations and Dates: _____
Reason: _____

6. ___ Recent Illnesses: _____

7. ___ Other History: _____

8. ___ Past Medications: _____

9. ___ Recent Procedures: (x-rays, lab test, dental care) _____

10. ___ Immunizations:
Date of last tetanus: _____
Date of last TB test:(results) _____