

Perry Multi-County Juvenile Facility
MEDICAL INTAKE SUMMARY

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

Medical Summary for (Youth Name): _____

Juvenile Facility: _____

Informants Name and Title: _____

Business phone: _____ **(Fax Number)** _____

Short Medical History: (Check box if yes and give explanation)

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: ☐ Positive ☐ Negative