CLINIC REFERRAL
LONG COUNTY
SCHOOL HEALTH

Student | Date

Teacher | School

Student Self Referral YES | Time Left Class for Clinic

REASON FOR REFERRAL | Arrival Time @ Clinic

ILLNESS
- ☐ Cold/Cough
- ☐ Breathing Difficulty
- ☐ Stomach ache
- ☐ Ear ache
- ☐ Headache
- ☐ Toothache
- ☐ Nose bleed
- ☐ Diarrhea
- ☐ Nausea/Vomiting
- ☐ Sore Throat
- ☐ Burn
- ☐ Eye

Other_____

INJURY SCHOOL
- ☐ Head
- ☐ Eye
- ☐ Dental
- ☐ Cut/Scrape
- ☐ Bone/Joint
- ☐ Insect Bite/sting
- ☐ Bruise
- ☐ Fall
- ☐ Pencil stab or scrape
- ☐ Injury to_____
- ☐ Other :_____

INJURY HOME
- ☐ Date of Injury _____
- ☐ Burn
- ☐ Head
- ☐ Bruise
- ☐ Sore/wound
- ☐ Eye irritation
- ☐ Bone injury
- ☐ Other:_____

OTHER CLINIC VISIT
- ☐ Rash
- ☐ Pink Eye
- ☐ Ringworm
- ☐ Cramps/Pain
- ☐ Feminine Need
- ☐ Health Assmt.
- ☐ Lice &/or head check
- ☐ Other :_____

SCREENING
- ☐ Vision
- ☐ Hearing
- ☐ Vision/Hearing/Dental
- ☐ Scoliosis
- ☐ Vital Signs
- ☐ Ht./Wt./BMI

ROUTINE VISITS
- ☐ Routine Medication
- ☐ Routine Treatment

Teacher complete all above ⇈ this line **TREATMENT**

- ☐ Routine Medication
- ☐ Routine Procedure
- ☐ PRN Med/TX _____
- ☐ PRN Med/TX _____
- ☐ PRN Med/TX _____
- ☐ Ice/cold compress
- ☐ Warm compress
- ☐ Cleansed wound/first aid
- ☐ Applied bandage/bandaid
- ☐ Rest/observation in clinic
- ☐ Student health counseling/teaching
- ☐ Parent conference/teaching
- ☐ Vision Screen

- ☐ Hearing Screen
- ☐ V/H/D Screen
- ☐ Scoliosis Screen
- ☐ Feminine product given
- ☐ Nit removal
- ☐ Immunization Ck.
- ☐ Home Visit
- ☐ Referral_____
- ☐ MD referral or contacted_____
- ☐ Other: _____

Parent Name_____

_____

Phone_____

_____

- ☐ Parent notified_____
- ☐ Unable to contact parent

VITAL SIGNS

Temp _____
BP _____
P_____
R_____
BS_____
Weight_____
Height_____
O2 Sats_____
Other_____

OBSERVATIONS/ADDITIONAL INFO:_____

_____

_____

_____

_____

_____

OUTCOME/DISPOSTION

Time left clinic	☐ Return to class ☐ To go home-get book bag & go to front office	☐ Excused from PE ☐ Note home w/student ☐ Home on bus	☐ MD/Hospital ☐ **Unable to contact parent**	☐ Lice sent home ☐ Lice clear to class (LC)

School Nurse _____ updated 5/17 kg