

Psychological/Medical/ Dental/School Report Folder (Purple)	
Left Side	Right Side
<p>DCFS 39, CHDP Documentation Checklist</p> <p>DCFS 179, Parental Consent and Authorization for Medical Care and Release of Educational Records</p> <p>DCFS 179-MH, Parental Consent for Child's Assessment & Participation in Mental Health and/or Regional Center Developmental Services</p> <p>DCFS 179-PHI, Authorization for Disclosure of Child's Protected Health Information (Revocation of Authorization for Disclosure of Child's Protected Health Information (PHI) is located on the reverse side of this form) DCFS 450, Parent's/Guardian's Consent for HIV Test</p> <p>DCFS 451, Child's Consent for HIV Test</p> <p>DCFS 452, DCFS Consent for HIV Test</p> <p>DCFS 561a, Medical Examination Form</p> <p>DCFS 561b, Dental Examination Form</p> <p>DCFS 561c, Psychological/Other Examination Form</p> <p>DCFS 1399- Notification to school of pupil's Foster Care Status</p> <p>DCFS 1689, Foster Parent/Institution/Day Care, Parent's Report of Death, Injury or Illness of Children in Care</p> <p>DCFS 4158, Authorization for General Medical Care for a Child Placed by an Order of the Court</p> <p>DCFS 4158-A, Authorization for Emergency Medical Care for a Child Pursuant to WIC 369</p> <p>DCFS 5004, Referral to Regional Center</p> <p>DCFS 5005, Request for Psychological Testing Report</p> <p>PM 160, Confidential Screening/Billing Report</p> <p>Psychotropic Medication Authorization Form (PMAF)</p> <p>Adoptions</p> <p>AD 512, Psychological/Medical History</p>	<p>Appointment of Surrogate Parent</p> <p>DCFS 4158-2, Physician Questionnaire</p> <p>DCFS 4157 Psychotropic Med Progress Report</p> <p>DCFS 1726, Request for School Report Health and Education Passport</p> <p>DCFS 1727, Request for the Juvenile Court to Limit Parental Rights to Make Educational Decisions for Minors</p> <p>Developmental Milestones Checklist 0-5 Years Health and Education Passport</p> <p>IEPs</p> <p>JV 225, Health and Education Questionnaire</p> <p>Psychotropic Medication Authorization Form</p> <p>JV-535, Order Limiting Parent's Rights to Make Educational Decisions for the Child and Appointing Responsible Adult As Educational Representative-Juvenile</p> <p>JV-536, Local Agency Response to JV-535- Letters to and from doctors, therapists, teacher, etc.</p> <p>Los Angeles County Child Welfare Mental Health Screening Tool (Child 0 To 5 Years)</p> <p>Los Angeles County Child Welfare Mental Health Screening Tool (Child 5 Years To Adult)</p> <p>Medical Hub Referral Form</p> <p>Medical Hub Notice to Caregivers</p> <p>Medical reports</p> <p>New Born Risk Assessment</p> <p>Psychological reports</p> <p>Report cards</p> <p>Regional center reports</p> <p>School Reports</p>