

**Meth Medical Charting Form** Exam Date \_\_\_\_\_Circle One: Level I [Lab]    Level II [Use]  
Medical Facility \_\_\_\_\_

Arrived at Facility with \_\_\_\_\_

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CName: \_\_\_\_\_  
DOB \_\_\_\_\_Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Mother: \_\_\_\_\_  
DOB: \_\_\_\_\_Father: \_\_\_\_\_  
DOB: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Siblings (Age/DOB)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Child Lives With \_\_\_\_\_  
\_\_\_\_\_

Child Protection Services Notified

<sup>TM</sup> Yes    <sup>TM</sup> No

Date \_\_\_\_\_ Time \_\_\_\_\_

Case Worker \_\_\_\_\_

Phone \_\_\_\_\_

Law Enforcement

Agency \_\_\_\_\_

Officer \_\_\_\_\_

Phone \_\_\_\_\_

Decontamination on scene    ☐ Yes    ☐ NoDecontamination in ED    ☐ Yes    ☐ No

Photos taken by:

☐ N/A☐ Law Enforcement☐ Social Services☐ HospitalClothing bag    ☐ Removed    ☐ Disposed ofAdditional Concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Record # \_\_\_\_\_

Insurance \_\_\_\_\_

Treating Physician: \_\_\_\_\_  
\_\_\_\_\_

Temp \_\_\_\_\_

<sup>TM</sup> Otic    <sup>TM</sup> Ax    <sup>TM</sup> Oral    <sup>TM</sup> Rectal

Pulse \_\_\_\_\_ RR \_\_\_\_\_

BP \_\_\_\_\_ O2 Sat \_\_\_\_\_

Length of Arm Reach \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_

<sup>TM</sup> Urine Tox Screen **Order any detectable level**<sup>TM</sup> CBC    <sup>TM</sup> Renal Profile<sup>TM</sup> Electrolytes    <sup>TM</sup> LFTs<sup>TM</sup> Chest X-Ray **if evidence of respiratory distress**

Developmental Tests \_\_\_\_\_

Other studies (if any) \_\_\_\_\_  
\_\_\_\_\_Abnormal Medical Findings (if any)  
\_\_\_\_\_  
\_\_\_\_\_

Referrals \_\_\_\_\_

Phone \_\_\_\_\_

Appointment \_\_\_\_\_

☐ Child Protection Service \_\_\_\_\_☐ Child Discharged to: \_\_\_\_\_  
\_\_\_\_\_

Discharge Plan \_\_\_\_\_

Schedule Developmental Testing -  
(Denver or other) \_\_\_\_\_  
\_\_\_\_\_

Follow up if Necessary \_\_\_\_\_

**Copy Given to CPS** <sup>TM</sup>Medical Staff Completing Form:  
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