Medical, Dental, Vision, Hearing, and Psychological Episodic Form

CFS-352

Purpose

The CFS-352 is to be completed by Health Care Provider for episodic and follow-up visits only. The CFS-352 does not include visits for the initial and comprehensive examinations.

Routing

Original – Child's case record, filed in the medical section of the case record.
Copy – Health Specialist/Health Services Worker