Date: [Insert Date]

To: [Social Worker Name / Agency Name]
Case Number: [Insert Case Number]
Re: Initial Medical Assessment for [Child's Full Name]

Patient Information:
Name: [Child's Full Name]
Date of Birth: [MM/DD/YYYY]
Date of Examination: [MM/DD/YYYY]

To Whom It May Concern,

This letter confirms that the above-named child was seen today at [Clinic Name] for a comprehensive initial medical assessment following their placement in foster care.

Clinical Findings:

- **Physical Growth:** Height, weight, and head circumference are within [Normal/Other] limits for their age.
- **Immunizations:** [Up to date / Required boosters administered today / Records requested].
- **Developmental Status:** The child appears to be meeting milestones [Appropriately / With noted delays in: Name Areas].
- **Acute Concerns:** [List any immediate illnesses or injuries found, or state "None"].
- **Chronic Conditions:** [List any ongoing conditions requiring management].

Treatment Plan and Recommendations:

[Insert details regarding prescriptions, specialist referrals, or follow-up appointments].

Physician's Statement:
Based on today's evaluation, the child is cleared for [General Activities/School/Daycare]. A follow-up visit is scheduled for [Date/Time].

Should you require further medical records or clarification, please contact our office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, Title]
[Clinic Name]
[Clinic Address]