

**PHYSICIAN'S REPORT ON  
PHYSICAL HEALTH OF HOUSEHOLD MEMBER**



**INSTRUCTIONS**

**Physician:** Please complete the following form for the household member of the person referred to as "applicant" and mail to:

ATTN: Kathryn Feiertag  
Lutheran Counseling & Family Services  
3800 N. Mayfair Road  
Wauwatosa, WI 53222

**Applicant:** If the household member is a child under the age of 18, please sign your consent. If the household member is an adult, please have that individual sign for consent to release this completed form to LCFS.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**CURRENT HEALTH STATUS**

Name of Patient: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Length of Time Known to Physician: \_\_\_\_\_

Is this person in good general health?:     Yes     No    If "No," please explain:

Is this person up-to-date on immunizations?:     Yes     No    If "No," please explain:

Does this person have any communicable diseases?:     Yes     No    If "Yes," please explain:

**SIGNATURE**

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_