

1/2000 Case Study Report

Child's Name _____

DOB _____

Washed _____ Yes _____

2nd Wash _____ Yes _____

3rd Wash _____ Yes _____

4th Wash _____ Yes _____

Notes:

Sign:

Parent 1 _____ Yes _____

Parent 2 _____ Yes _____

Parent 3 _____ Yes _____

Parent 4 _____ Yes _____

Signs

Sign	Yes	No	Other

Medication, Treatment, Follow-up Notes

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