

NAME _____ DOB _____ AGE _____ SEX _____ WGT _____ HGT _____ HEAD CIRC _____ SCREEN DATE _____

ALLERGIES _____ CURRENT MEDS _____

HISTORY

Concerns and questions _____
Follow up on previous concerns _____
 See Initial History No change _____
 Interval History Change _____

SOCIAL/FAMILY HISTORY

See Initial History No change _____
 Interval History Change _____
Family Situation _____
Parents working outside home Mother Father
Child care Yes No Type _____
Changes since last visit Yes No _____

CURRENT HEALTH INDICATORS

See Initial History No change _____
 Interval History Change _____
Nutrition Breast Bottle Cup
 Milk Ounces/day _____
Ounces/day _____
Table/Safe foods _____
Juice _____
Vitamins/Fluoride _____
Source of Water _____
Elimination NL _____
Sleep NL _____
Behavior NL _____

Toxic Exposure

Passive Smoking Yes No
Lead Risk High Risk Low Risk
 Lives in or regularly visits a house/ child care facility built before 1970 or that has been recently remodeled?
 Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?
 Has a sibling or playmate who has or did have lead poisoning?
Tuberculosis Risk High Risk Low Risk
 Exposure to TB
 Radiographic or clinical findings
 Immigrant from areas with high prevalence
 Residence/travel in area with high prevalence
 Homelessness
 HIV infection or living with person who has HIV
 Other medical risk factors

CURRENT HEALTH INDICATORS (Cont)

Development
 Growth Plotted on growth chart
Gross Motor:
 Walks well, stoops, climbs stairs
Fine Motor:
 Feeds self with fingers, drinks from cup
 Scribbles
 Stacks 2 blocks
Communication:
 Uses 3-10 words
 Indicates what he/she wants by pulling, pointing or grunting
 Points to one or more body parts
 Understands simple commands
 Points to pictures in book
Social:
 Gives and takes food or toys
 Throws objects in play
 Listens to a story

PHYSICAL EXAMINATION

✓=NL
 General Appearance Skin
 Head Fontanelle
 Eyes Red Reflex Strabismus Appears to see
 Ears External Internal Appears to hear
 Mouth Throat Nose
 Lungs
 Heart
 Abdomen
 Genitalia Male - testes down Female
 Extremities Hips Back
 Femoral pulses Right _____ Left _____
 Neurological
Abnormal findings/comments:

ANTICIPATORY GUIDANCE/HEALTH EDUCATION

Discussed Handouts given
Nutrition: Milk
 Discontinue bottle
 Maximum amount
 Cup
 Juice
 Table/safe foods
 Feeds self
 Variable appetite
 Dental/oral care Elimination Sleep

ANTICIPATORY GUIDANCE/HEALTH EDUCATION (CONT)

Development/Behavior:
 Social Motor skills
 Communication Set limits
 Physical Discipline/time out
 Cognitive skills Family relationship
Injury Prevention::
 Auto/car seat No shaking
 Poisons Burns
 Falls Smoke detector
 Hanging cords Water heater
 Electrical outlets Fire retardant clothes
 Choking Sun
 Sharp objects
 Water
 Guns

PLAN

Immunizations (see Vaccine Administration Record) UTD
Labs Hgb/Hct Blood Lead Level if 1 or more risk factors
 PPD if 1 or more risk factors Other _____

REFERRALS

Development
 One delay - rescreen at next visit
 Two or more delays - **Referred to:**

 Blood lead level 10>
 Further Medical Treatment/Diagnosis - **Referred to:**

FOLLOW UP /NEXT VISIT:

Please Print Facility or Clinician Name

Signature of Clinician

