

NAME _____ DOB _____ AGE _____ SEX _____ WGT _____ HGT _____ BP _____ 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 No change _____
Parents working outside home Mother Father
Child care Yes No Type _____
Preschool Yes No Type _____
Changes since last visit Yes No _____

CURRENT HEALTH INDICATORS
 See Initial History No change _____
 Interval History Change _____
Nutrition Eating Habits _____
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

Development
 Growth Plotted on growth chart
Gross Motor:
 Walks, climbs, runs
 Up/down stairs alternating feet, without support

CURRENT HEALTH INDICATORS (CONTINUED)
 Hops, jumps on 1 foot
 Rides tricycle or bicycle with training wheels
 Throws ball overhand
Fine Motor:
 Draws a person with 3 parts
 Builds a tower of 10 blocks
 Uses utensils
 Puts on/removes clothes
 Manual dexterity
Communication:
 Uses past tense
 Sentences of 4-5 words, short paragraphs
 Talks about daily experience
 May show some lack of fluency (stuttering)
 Speaks intelligibly
Cognitive:
 Concept of "same" and "different"
 Follows 2-3 step instructions
 Knows difference between fantasy and reality
 Knows about things used at home (food, appliances)
 Is aware of gender of self and others
 Gives first and last name
Social:
 Engages in elaborate fantasy play
 Plays interactive games with peers
 Listens to stories
 Can sing a song
 Vision Acuity Screen (objective) Right _____ Left _____
 Hearing Screen (objective) Right _____ Left _____

PHYSICAL EXAMINATION
✓=NL
 General Appearance Skin
 Head
 Eyes Red Reflex Strabismus
 Ears External Internal
 Mouth Throat Nose
 Lungs
 Heart
 Abdomen
 Genitalia Male Female
 Extremities Back
 Femoral pulses Right _____ Left _____
 Neurological
Abnormal findings/comments _____

ANTICIPATORY GUIDANCE/HEALTH EDUCATION
 Discussed Handouts given
Nutrition: Low fat dairy Food groups
 3 balanced meals/day 2-3 snacks/day

ANTICIPATORY GUIDANCE/HEALTH EDUCATION (CONT)
 Limit high fat snacks Feeds self
 Variable appetite Limit sweets
 Dental/oral care Elimination Sleep
Development/Behavior:
 Social Motor skills
 Communication Set limits
 Physical Discipline/time out
 Cognitive skills Health/safe habits
 Family relationship
Injury Prevention:
 Auto/car seat/booster No shaking
 Poisons Burns
 Falls Smoke detector
 Lighters/matches Water heater
 Electrical outlets Fire retardant clothes
 Choking Sun
 Sharp objects Stoves/heaters
 Water Guns Playground safety
 Helmet/protective gear

PLAN
Immunizations (see Vaccine Administration Record) UTD
Labs Hgb/Hct Blood Lead Level if child has not had one
 PPD if 1 or more risk factors
 Other _____

REFERRALS
Development
 One delay -re-evaluate in 1 month
 Two or more delays - **Referred to:**
 Blood lead level 10>
 Dentist _____
 Vision 20/40> _____
 Hearing <20 dB @ each frequency _____
 Further Medical Treatment/Diagnosis - **Referred to:**

FOLLOW UP /NEXT VISIT:

Please Print Facility or Clinician Name

Signature of Clinician _____
WVDHHR/BPH/OMCFH/HC/HC-4Y 4-04
 (A-11)