

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 \_\_\_\_\_  
 Kindergarten     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

**CURRENT HEALTH INDICATORS (CONTINUED)**

Gross Motor:  
 Walks, climbs, runs  
 Up/down stairs alternating feet, without support  
 May be able to skip  
 Fine Motor:  
 Copies a triangle or square  
 Draws a body, head, arms and legs  
 Dresses self without help  
 Prints some letters  
 Manual dexterity  
 Communication:  
 Uses future tense  
 Uses complete sentences  
 Speaks in short paragraphs  
 Able to recall parts of story  
 Fluent speech  
 Cognitive:  
 Count on fingers  
 Recognizes many letters of the alphabet  
 Knows address/telephone #  
 Follows 2-3 step instructions  
 Social:  
 Engages in elaborate fantasy play  
 Plays interactive games with peers/follows rules  
 Listens to stories  
 Plays make believe and dress up  
 Vision Acuity Screen (objective) Right \_\_\_\_\_ Left \_\_\_\_\_  
 Hearing Screen (objective)    Right \_\_\_\_\_ Left \_\_\_\_\_

**PHYSICAL EXAMINATION**

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

Discussed     Handouts given  
 Nutrition:     Low fat dairy     Food groups  
 3 balanced meals/day     2-3 snacks/day  
 Limit high fat snacks     Feeds self  
 Variable appetite     Limit sweets  
 Dental/oral care  
 Elimination     Sleep

**ANTICIPATORY GUIDANCE/HEALTH EDUCATION**

Development/Behavior:  
 Social     Motor skills  
 Communication     Set limits  
 Physical     Discipline/time out  
 Cognitive skills     Health/safe habits  
 Family relationship     Peer 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     Playground safety  
 Guns  
 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

