

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 _____
 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
 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:
 Backwards tandem walk
 Balances on each foot with eyes closed (smooth transition)
Fine Motor:
 Ties shoes
 Draws picture of family
Communication:
 Uses complete sentences Fluent speech

CURRENT HEALTH INDICATORS (CONTINUED)

Cognitive:
 Gives full name and address
 Prints letter of the alphabet
 Prints name
 Knows emergency phone #
Social:
 Plays well with others
 May have best friend
 Follows rules of play
 Anger control
School:
 Likes most about school _____
 Likes least about school _____
 Follows rules of school
 Reads at grade level
 Math at grade level
 Positive remarks by teachers
 Proud of school achievements
 Talks about school with parents
Behavior: (= automatic referral)**
 Thoughts or plan to hurt self**
 Thoughts or plan to hurt other persons or animals**
 Trouble with the law
 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:

ANTICIPATORY GUIDANCE/HEALTH EDUCATION

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 (CONT)

Development/Behavior:
 Social Motor skills
 Communication Set Limits
 Physical Discipline/time out
 Cognitive skills Health/safe habits
 Family relationship Peer relationship
 Sexuality
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 PPD if one or more risks factors
 Other _____

REFERRALS

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

FOLLOW UP /NEXT VISIT:

_____ **Please Print Name of Facility or Clinician**

_____ **Signature of Clinician**

