# 1 to 14 Day Child Health Check-Up Tracking Form

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>PERSONAL</th>
<th>Periodic</th>
<th>Interperiodic</th>
<th>Parent/Caregiver Request</th>
</tr>
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<tbody>
<tr>
<td>NAME</td>
<td>(Last)</td>
<td>(First)</td>
<td>ID</td>
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<tr>
<td>DATE</td>
<td>AGE</td>
<td>ACCOMPANIED BY</td>
<td>RELATIONSHIP</td>
</tr>
</tbody>
</table>

## Prenatal History

- **First Prenatal Visit Date**
- **Alcohol, Amount**
- **Tobacco, Amount**
- **Street Drugs**

## STDs (specify)

- **Hepatitis B**
- **HIV**
- **Other Maternal Problems**
- **Prescribed Meds**

## Weeks Gestation

- **SVD**
- **Caesarean**
- **Birth Weight**
- **Where Delivered**

## Perinatal History

- **Deformities/Apgar**
- **Abnormalities**
- **Other**
- **Date of D/C - LOS**

## Interval History

- **Past Medical History**
- **WNL**
- **Yes**
- **No**
- **(If No, Describe)**

- **Developmental History**
- **WNL**
- **Yes**
- **No**
- **(If No, Describe)**

- **Behavioral Health Status**
- **WNL**
- **Yes**
- **No**
- **(If No, Describe)**

## Nutritional Assessment

- **Breast**
- **Formula**
- **WIC**
- **Yes**
- **No**
- **Referred**
- **Vitamins**
- **Iron**

## Physical Exam

- **Height**
- **Weight**
- **Head Circumference**

**Are the following normal?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>

- **Appearance**
- **Skin**
- **Head**
- **Eyes**
- **Ears**
- **Nose**
- **Mouth/Throat/Teeth/Gums**
- **Nodes**
- **Heart**
- **Lungs**
- **Abdomen inc. cord**
- **Fem. Pulse**
- **Ext. Gen.**
- **Hip Abduc.**
- **Extremities**
- **Spine**
- **Neuro**
- **Other**

## Lab Tests

## Sensory Screen

- **Normal Vision?**
- **(Red reflex)**
- **Yes**
- **No**
- **Referred**

- **Normal Hearing?**
- **(Responds to noises, startles)**
- **Yes**
- **No**
- **Referred**

## Development Assessment

- **Is Development Normal for Age and Culture?**
- **(Prone – Lifts head, moves arms/legs equally, moro reflex)**
- **Yes**
- **No**
- **Referred**

## Immunizations

- **Current**
- **Deferred**
- **Provided: List**

## Health Education, Anticipatory Guidance

- **Infant Car Seat**
- **"Back to Sleep"**
- **Other**

## Signature:

**Diagnosis:**

**Plan:**

**Signature:**
## 2 Weeks to 2 Month Child Health Check-Up Tracking Form

### PERSONAL

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<thead>
<tr>
<th>NAME</th>
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### INTERVAL HISTORY

<table>
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<tr>
<th>PAST MEDICAL HISTORY</th>
<th>WNL</th>
<th>YES</th>
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<tr>
<td>DEVELOPMENTAL HISTORY</td>
<td>WNL</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>BEHAVIORAL HEALTH STATUS</td>
<td>WNL</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

### NUTRITIONAL ASSESSMENT

- **BREAST**:
- **FORMULA**:
- **WIC**: YES
- **NO**:
- **REFERRED**:
- **VITAMINS**:
- **IRON**:
- **SOLIDS**

### PHYSICAL EXAM

<table>
<thead>
<tr>
<th>HEIGHT</th>
<th>WEIGHT</th>
<th>HEAD CIRCUMFERENCE</th>
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- **Appearance**
- **Skin**
- **Head**
- **Eyes**
- **Ears**
- **Nose**
- **Mouth/Throat/Teeth/Gums**
- **Nodes**
- **Heart**
- **Lungs**
- **Abdomen**
- **Fem. Pulse**
- **Ext. Gen.**
- **Hip Abduc.**
- **Extremities**
- **Spine**
- **Neuro**
- **Other**

### LAB TESTS

- **SENSORY SCREEN**
  - **NORMAL VISION**? (red reflex)
  - **NORMAL HEARING**?

### DEVELOPMENT ASSESSMENT

- **IS DEVELOPMENT NORMAL FOR AGE AND CULTURE?** (prone – lifts head, moves arms/legs equally, regards face, moro reflex)

### IMMUNIZATIONS

- **CURRENT**
- **DEFERRED**
- **PROVIDED**: LIST

### HEALTH EDUCATION, ANTICIPATORY GUIDANCE

- **INFANT CAR SEAT**
- **TALK TO BABY**
- **FEVER EDUCATION**
- **SAFETY – ROLLING OVER**
- **OTHER**

### SIGNATURE:

Diagnosis:

Plan:

Signature:

FPS, FAFH, FMA, FOMA, AHCA-2003
# 2 to 4 Month Child Health Check-Up Tracking Form

**PLEASE PRINT**

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**DATE** | **AGE** | **ACCOMPANIED BY** | **RELATIONSHIP** |

**INTERVAL HISTORY**

<table>
<thead>
<tr>
<th>PAST MEDICAL HISTORY WNL</th>
<th>YES</th>
<th>NO</th>
<th>(IF NO, DESCRIBE)</th>
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<tbody>
<tr>
<td>DEVELOPMENTAL HISTORY WNL</td>
<td>YES</td>
<td>NO</td>
<td>(IF NO, DESCRIBE)</td>
</tr>
<tr>
<td>BEHAVIORAL HEALTH STATUS WNL</td>
<td>YES</td>
<td>NO</td>
<td>(IF NO, DESCRIBE)</td>
</tr>
</tbody>
</table>

**NUTRITIONAL ASSESSMENT**

- [ ] BREAST
- [ ] FORMULA:
- [ ] WIC
- [ ] YES
- [ ] NO
- [ ] REFERRED
- [ ] VITAMINS
- [ ] IRON
- [ ] SOLIDS

**PHYSICAL EXAM**

- HEIGHT
- WEIGHT
- HEAD CIRCUMFERENCE

<table>
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**LAB TESTS**

**SENSORY SCREEN**

- [ ] NORMAL VISION? (red reflex, follows)
- [ ] YES
- [ ] NO
- [ ] REFERRED

- [ ] NORMAL HEARING? (i.e., smiles and/or turns toward speech or sound, coos)
- [ ] YES
- [ ] NO
- [ ] REFERRED

**DEVELOPMENT ASSESSMENT**

- [ ] IS DEVELOPMENT NORMAL FOR AGE AND CULTURE? (prone – lifts chest, hands at midline, smiles spontaneously, rolls over one way, grasps rattle)
- [ ] YES
- [ ] NO
- [ ] REFERRED

**IMMUNIZATIONS**

- [ ] CURRENT
- [ ] DEFERRED
- [ ] PROVIDED: LIST

**HEALTH EDUCATION, ANTICIPATORY GUIDANCE**

- [ ] SOLID FOODS
- [ ] CHOKING, ASPIRATION
- [ ] FALLS
- [ ] TEETHING
- [ ] BABY-PROOF HOME
- [ ] “BACK TO SLEEP”

**SIGNATURE:**

FP5, FAFH, FMA, FOMA, AHCA-2003
# 4 to 6 Month Child Health Check-Up Tracking Form

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## INTERVAL HISTORY

- **PAST MEDICAL HISTORY** WNL: Yes □ No □ (If No, Describe)
- **DEVELOPMENTAL HISTORY** WNL: Yes □ No □ (If No, Describe)
- **BEHAVIORAL HEALTH STATUS** WNL: Yes □ No □ (If No, Describe)

## NUTRITIONAL ASSESSMENT

- □ BREAST
- □ FORMULA:
- □ WIC
- □ YES □ NO □ REFERRED
- □ VITAMINS
- □ IRON
- □ SOLIDS

## PHYSICAL EXAM

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<td>Other</td>
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## LAB TESTS

- □ LEAD SCREEN (blood @ 12 & 24 mo, @ 36-72 mo. if not previously screened; verbal @ 5 mo-6 yrs)
- □ OTHER (specify, as indicated)

## SENSORY SCREEN

- **NORMAL VISION?** (red reflex, cover-uncover test, follows)
- □ YES □ NO □ REFERRED
- **NORMAL HEARING?** (i.e., responds to sound, repeats sounds)
- □ YES □ NO □ REFERRED

## DEVELOPMENT ASSESSMENT

- **IS DEVELOPMENT NORMAL FOR AGE AND CULTURE?** (prone—i.e., rolls over, reaches for objects, laughs, squeals)
- □ YES □ NO □ REFERRED

## IMMUNIZATIONS

- □ CURRENT □ DEFERRED □ PROVIDED: LIST

## HEALTH EDUCATION, ANTICIPATORY GUIDANCE

- □ CUP, FINGER FOODS □ NO BOTTLE IN BED □ TEETHING
- □ POOL & TUB SAFETY □ POISONS □ OTHER

**DIAGNOSIS:**

**PLAN:**

**SIGNATURE:**

FPS, FAFH, FMA, FOMA, AHCA-2003
# 6 to 12 Month Child Health Check-Up Tracking Form

**PLEASE PRINT**

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<td>(Last) (First) ID DATE OF BIRTH</td>
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<tr>
<td>DATE</td>
<td>AGE ACCOMPANIED BY RELATIONSHIP</td>
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**INTERVAL HISTORY**

| PAST MEDICAL HISTORY WNL ☐ YES ☐ NO (IF NO, DESCRIBE) |
| DEVELOPMENTAL HISTORY WNL ☐ YES ☐ NO (IF NO, DESCRIBE) |
| BEHAVIORAL HEALTH STATUS WNL ☐ YES ☐ NO (IF NO, DESCRIBE) |

**NUTRITIONAL ASSESSMENT**

- ☐ BREAST
- ☐ FORMULA:
  - ☐ WIC
  - ☐ YES ☐ NO ☐ REFERRED
- ☐ VITAMINS
- ☐ IRON
- ☐ FLUORIDE
- ☐ SOLIDS

**PHYSICAL EXAM**

<table>
<thead>
<tr>
<th>HEIGHT</th>
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<th>HEAD CIRCUMFERENCE</th>
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Are the following normal?  YES NO COMMENTS

- Appearance
- Skin
- Head
- Eyes
- Ears
- Nose
- Mouth/Throat/Teeth/Gums
- Nodes
- Heart
- Lungs
- Abdomen
- Fem. Pulse
- Ext. Gen.
- Hip Abduc.
- Extremities
- Spine
- Neuro
- Other

**LAB TESTS**

- ☐ Hgb/Hct _____ (9 mo, adolescent females & as indicated)
- ☐ LEAD SCREEN (blood @ 12 & 24 mo, @ 36-72 mo. if not previously screened; verbal @ 6 mo-6 yrs)
- ☐ OTHER (specify, as indicated)

**SENSORY SCREEN**

- NORMAL VISION? (red reflex, follows) ☐ YES ☐ NO ☐ REFERRED
- NORMAL HEARING? (by 9 mo. Turns when called, listens to people talking, enjoys imitating sounds; by 12 mo. Responds to "no", follows simple commands, gives objects upon request, 1-3 words) ☐ YES ☐ NO ☐ REFERRED

**DEVELOPMENT ASSESSMENT**

| IS DEVELOPMENT NORMAL FOR AGE AND CULTURE? (by 9 mo. Plays peek-a-boo, gets to sitting, pulls self to stand, thumb-finger grasp, bangs two toys together; by 12 mo. Play pat-a-cake, neat pincer grasp, stands momentarily, walks holding on, points) ☐ YES ☐ NO ☐ REFERRED |

**IMMUNIZATIONS**

- ☐ CURRENT ☐ DEFERRED ☐ PROVIDED: LIST

**HEALTH EDUCATION, ANTICIPATORY GUIDANCE**

- ☐ BABY-PROOF HOME, POOL ☐ SELF-FEEDING ☐ TALK TO CHILD
- ☐ TALK TO & NAME OBJECTS ☐ SLEEPING ☐ DISCIPLINE, PRAISE
- ☐ SHOES-PROTECT, NOT SUPPORT ☐ DENTAL HYGIENE
- ☐ SUN PROTECTION ☐ OTHER

**DIAGNOSIS:**

**PLAN:**

**SIGNATURE:**

FPS, FAFH, FMA, FDMA, AHCA-2003
# 12 to 18 Month Child Health Check-Up Tracking Form

## PERSONAL

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## INTERVAL HISTORY

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<td>DEVELOPMENTAL HISTORY WNL</td>
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<td>BEHAVIORAL HEALTH STATUS WNL</td>
<td>YES</td>
<td>NO</td>
<td>(IF NO, DESCRIBE)</td>
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</tbody>
</table>

## NUTRITIONAL ASSESSMENT

- **BREAST**
  - [ ] YES
  - [ ] NO
- **WHOLE MILK:**
  - [ ] YES
  - [ ] NO
- **CUP**
  - [ ] YES
  - [ ] NO
- **BOTTLE:**
  - [ ] YES
  - [ ] NO
- **TABLE FOODS**
  - [ ] YES
  - [ ] NO
- **WIC**
  - [ ] YES
  - [ ] NO
- **REFERRED**
  - [ ] YES
  - [ ] NO
- **VITAMINS**
  - [ ] YES
  - [ ] NO
- **IRON**
  - [ ] YES
  - [ ] NO
- **FLUORIDE**
  - [ ] YES
  - [ ] NO

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- Nodes
- Heart
- Lungs
- Abdomen
- Fem. Pulse
- Ext. Gen.
- Hip Abduc. Or Gait
- Extremities
- Spine
- Neuro
- Other

## LAB TESTS

- **LEAD SCREEN** (blood @ 12 & 24 mo, @ 36-72 mo. if not previously screened; verbal @ 6 mo-6 yrs)
  - [ ] YES
  - [ ] NO
  - [ ] REFERRED
  - [ ] OTHER (specify, as indicated)

## SENSORY SCREEN

- **NORMAL VISION?** (red reflex, follows, cover-uncover)
  - [ ] YES
  - [ ] NO
  - [ ] REFERRED

- **NORMAL HEARING?** (by 12 mo. Responds to “no”, follows simple commands, gives objects upon request, 1-3 words by 18 mo. Reacts to music, points to named objects, 2-3 words other than mama-dada, points to one named body part)
  - [ ] YES
  - [ ] NO
  - [ ] REFERRED

- DOES PARENT FEEL SPEECH & HEARING ARE NORMAL FOR AGE?
  - [ ] YES
  - [ ] NO

## DEVELOPMENT ASSESSMENT

- IS DEVELOPMENT NORMAL FOR AGE AND CULTURE? (by 12 mo. Play pat-a-cake, neat pincer grasp, stands momentarily, walks holding on, points; by 18 mo. Uses spoon, kicks/throws ball, walks alone)
  - [ ] YES
  - [ ] NO
  - [ ] REFERRED

## IMMUNIZATIONS

- **CURRENT**
  - [ ] YES
  - [ ] NO
  - [ ] REFERRED

## HEALTH EDUCATION, ANTICIPATORY GUIDANCE

- **SAFETY**
  - [ ] YES
  - [ ] NO
- **DISCIPLINE/LIMITS**
  - [ ] YES
  - [ ] NO
- **TANTRUMS**
  - [ ] YES
  - [ ] NO
- **EATING**
  - [ ] YES
  - [ ] NO
- **SLEEPING**
  - [ ] YES
  - [ ] NO
- **READ TO CHILD**
  - [ ] YES
  - [ ] NO
- **ASPIRATION**
  - [ ] YES
  - [ ] NO
- **NO BOTTLE**
  - [ ] YES
  - [ ] NO
- **SNACKS**
  - [ ] YES
  - [ ] NO
- **TOILET TRAINING**
  - [ ] YES
  - [ ] NO
- **DENTAL HYGIENE**
  - [ ] YES
  - [ ] NO
- **OTHER**
  - [ ] YES
  - [ ] NO
- **SUN PROTECTION**
  - [ ] YES
  - [ ] NO
- **SIBLING INTERACTION**
  - [ ] YES
  - [ ] NO

## DIAGNOSIS:

## PLAN:

## SIGNATURE:

 FPS, FAFH, FMA, FOMA, AHCA-2003
# 18 Month to 3 Year Child Health Check-Up Tracking Form

## PERSONAL

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## INTERVAL HISTORY

- **Past Medical History**: WNL □ YES □ NO (IF NO, DESCRIBE)
- **Developmental History**: WNL □ YES □ NO (IF NO, DESCRIBE)
- **Behavioral Health Status**: WNL □ YES □ NO (IF NO, DESCRIBE)

## NUTRITIONAL ASSESSMENT

- **Nutritional Assessment**: WNL □ YES □ NO (IF NO, DESCRIBE)

## PHYSICAL EXAM

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<th>Weight</th>
<th>Head Circumference</th>
</tr>
</thead>
</table>

## Are the following normal?

<table>
<thead>
<tr>
<th>Appearance</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth/Throat/Teeth/Gums</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Laboratory Tests

- **Lead Screen**: (blood @ 12 & 24 mo, @ 36-72 mo. if not previously screened; verbal @ 6 mo-6 yrs)
- **Other**: (specify, as indicated)

## Sensory Screen

- **Normal Vision**: (eyes straight?, red reflex, fixation test, cover-uncover test)
- **Normal Hearing**: (2 yr. Uses some understandable speech, combines 2 words, names objects; 3 yr. Uses 3-4 word sentences)

## Development Assessment

- **Is Development Normal for Age and Culture?**: (by 18 mo. Uses spoon, kicks/throws ball; walks alone; by 5 years: jumps in place, knows name, age, and sex; copies a circle)
- **Yes** □ No □ Deferred

## Immunizations

- **Current** □ Deferred □ Provided: List

## Health Education, Anticipatory Guidance

- **Decreased Appetite** □ Read to Child □ Toilet Training
- **Teeth Brushing** □ Control TV Viewing □ Safety-Cars & Pool □ Sun Protection □ Other

## Diagnosis:

## Plan:

## Signature:

FPS, FAFH, FMA, FOMA, AHCA-2003
# 3 to 5 Year Child Health Check-Up Tracking Form

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>PERSONAL</th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>(Last)</td>
<td>(First)</td>
<td>ID</td>
<td>DATE OF BIRTH</td>
<td></td>
</tr>
<tr>
<td>DATE</td>
<td>AGE</td>
<td>ACCOMPANIED BY</td>
<td>RELATIONSHIP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## INTERVAL HISTORY

- **PAST MEDICAL HISTORY**: WNL  [YES]  [NO] (IF NO, DESCRIBE)
- **DEVELOPMENTAL HISTORY**: WNL  [YES]  [NO] (IF NO, DESCRIBE)
- **BEHAVIORAL HEALTH STATUS**: WNL  [YES]  [NO] (IF NO, DESCRIBE)

## NUTRITIONAL ASSESSMENT

- **WNL**: [YES]  [NO] (IF NO, DESCRIBE)
- **WIC**: [Yes]  [No]  [REFERRED]
- **FLUORIDE**: [REFERRED]

## PHYSICAL EXAM

- **HEIGHT**
- **WEIGHT**
- **BLOOD PRESSURE**

**Are the following normal?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Appearance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Skin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Head</td>
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<td></td>
<td></td>
<td>Eyes</td>
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<td></td>
<td>Ears</td>
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<td></td>
<td></td>
<td>Nose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mouth/Throat/Teeth/Gums</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nodes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heart</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lungs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abdomen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fem. Pulse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ext. Gen.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extremities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neuro</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

## LAB TESTS

- **U/A**: (5 yrs & as indicated)
- **LEAD SCREEN**: (blood @ 12 & 24 mo, @ 36-72 mo, if not screened; verbal @ 6 mo-6 yrs)
- **OTHER**: (specify, as indicated)

## SENSORY SCREEN

- **NORMAL VISION?**  [YES]  [NO]  [REFERRED]
- **RESULTS**: RIGHT___ LEFT___ BOTH___
- **NORMAL HEARING?**  [YES]  [NO]  [ABNORMAL] (RIGHT___ LEFT___) [REFERRED]

**Does Parent feel speech & hearing are normal for age?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

## DEVELOPMENT ASSESSMENT

**Is development normal for age and culture?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFERRED</th>
</tr>
</thead>
</table>

## IMMUNIZATIONS

- **CURRENT**  [DEFERRED]  [PROVIDED: LIST]

## HEALTH EDUCATION, ANTICIPATORY GUIDANCE

- **NO PLAYING WITH MATCHES**  [SEAT BELTS]  [STREET SAFETY]
- **PRESCHOOL**  [SEXUAL CURIOITY]

## DIAGNOSIS:

- **PLAN:**

## SIGNATURE:

FFS, FAFH, FMA, FOMA, AHCA-2003
5 to 9 Year Child Health Check-Up Tracking Form

**PERSONAL**

<table>
<thead>
<tr>
<th>NAME (Last)</th>
<th>(First)</th>
<th>ID</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
</table>

**DATE | AGE | ACCOMPANIED BY | RELATIONSHIP**

**INTERVAL HISTORY**

<table>
<thead>
<tr>
<th>PAST MEDICAL HISTORY WNL</th>
<th>YES</th>
<th>NO (IF NO, DESCRIBE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEVELOPMENTAL HISTORY WNL</td>
<td>YES</td>
<td>NO (IF NO, DESCRIBE)</td>
</tr>
<tr>
<td>BEHAVIORAL HEALTH STATUS WNL</td>
<td>YES</td>
<td>NO (IF NO, DESCRIBE)</td>
</tr>
</tbody>
</table>

**NUTRITIONAL ASSESSMENT**

| WNL | YES | NO (IF NO, DESCRIBE) | FLUORIDE | REFERRED |

**PHYSICAL EXAM**

<table>
<thead>
<tr>
<th>HEIGHT</th>
<th>WEIGHT</th>
<th>BLOOD PRESSURE</th>
</tr>
</thead>
</table>

Are the following normal?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>

**LAB TESTS**

| U/A _____ (5 yrs & as indicated) | LEAD SCREEN (blood @ 12 & 24 mo, @ 36-72 mo. if not screened; verbal @ 6 mo-6 yrs) | OTHER (specify, as indicated) |

**SENSORY SCREEN**

<table>
<thead>
<tr>
<th>NORMAL</th>
<th>YES</th>
<th>NO</th>
<th>RESULTS:</th>
<th>DENTAL REFERRAL AGE 3 AND UP REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISION?</td>
<td>YES</td>
<td>NO</td>
<td>RIGHT</td>
<td>LEFT</td>
</tr>
<tr>
<td>NORMAL HEARING?</td>
<td>NORMAL</td>
<td>ABNORMAL (RIGHT</td>
<td>LEFT</td>
<td>REFERRED</td>
</tr>
</tbody>
</table>

**DEVELOPMENT ASSESSMENT**

| IS DEVELOPMENT NORMAL FOR AGE AND CULTURE? | YES | NO | REFERRED |

**IMMUNIZATIONS**

| CURRENT | DEFERRED | PROVIDED: LIST |

**HEALTH EDUCATION, ANTICIPATORY GUIDANCE**

<table>
<thead>
<tr>
<th>DENTAL HYGIENE</th>
<th>PEER RELATIONS</th>
<th>LIMIT SETTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUTRITION</td>
<td>COMMUNICATION</td>
<td>PARENTAL ROLE MODEL</td>
</tr>
<tr>
<td>REGULAR PHYSICAL ACTIVITY</td>
<td>SCHOOL PERFORMANCE</td>
<td></td>
</tr>
<tr>
<td>SAFETY: WATER, SEAT BELTS, SKATE BOARD, BICYCLE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIAGNOSIS:**

**PLAN:**

**SIGNATURE:**

FPH, FANH, FMA, POMM, AHCA-2003
# 9 to 13 Year Child Health Check-Up Tracking Form

**PERSONAL**

<table>
<thead>
<tr>
<th>NAME</th>
<th>(Last)</th>
<th>(First)</th>
<th>ID</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>AGE</td>
<td>ACCOMPANIED BY</td>
<td>RELATIONSHIP</td>
<td></td>
</tr>
</tbody>
</table>

**INTERVAL HISTORY**

- **PAST MEDICAL HISTORY** [WNL] [YES] [NO] *(IF NO, DESCRIBE)*
- **DEVELOPMENTAL HISTORY** [WNL] [YES] [NO] *(IF NO, DESCRIBE)*
- **BEHAVIORAL HEALTH STATUS** [WNL] [YES] [NO] *(IF NO, DESCRIBE)*

**NUTRITIONAL ASSESSMENT**

<table>
<thead>
<tr>
<th>WNL</th>
<th>YES</th>
<th>NO <em>(IF NO, DESCRIBE)</em></th>
<th>FLUORIDE</th>
<th>REFERRED</th>
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</table>

**PHYSICAL EXAM**

<table>
<thead>
<tr>
<th>HEIGHT</th>
<th>WEIGHT</th>
<th>BLOOD PRESSURE</th>
</tr>
</thead>
</table>

Are the following normal?  

<table>
<thead>
<tr>
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<th>COMMENTS</th>
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</table>

- Appearance
- Skin
- Head
- Eyes
- Ears
- Nose
- Mouth/Throat/Teeth/Gums
- Nodes
- Heart
- Lungs
- Abdomen
- Fem. Pulse

**LAB TESTS**

**SENSORY SCREEN**

<table>
<thead>
<tr>
<th>NORMAL</th>
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</thead>
<tbody>
<tr>
<td>VISION?</td>
<td>[WNL]</td>
<td>[YES]</td>
<td>[NO]</td>
<td>[REFERRED]</td>
</tr>
<tr>
<td>NORMAL HEARING?</td>
<td>[WNL]</td>
<td>[YES]</td>
<td>[NO]</td>
<td>[REFERRED]</td>
</tr>
</tbody>
</table>

- DOES PARENT FEEL SPEECH & HEARING ARE NORMAL FOR AGE?  
  | YES | NO |

**DEVELOPMENT ASSESSMENT**

<table>
<thead>
<tr>
<th>IS DEVELOPMENT NORMAL FOR AGE AND CULTURE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[YES]</td>
</tr>
</tbody>
</table>

**IMMUNIZATIONS**

- [CURRENT]  
- [DEFERRED]  
- [PROVIDED: LIST]

**HEALTH EDUCATION, ANTICIPATORY GUIDANCE**

- [DENTAL HYGIENE]  
- [SEXUAL INFO]  
- [BICYCLE SAFETY]
- [PEER PRESSURE]  
- [NUTRITION]  
- [COMMUNICATION AFFECTION]
- [SCHOOL PERFORMANCE]  
- [SMOKING, ALCOHOL, DRUGS]  
- [OTHER]

**DIAGNOSIS:**  

**PLAN:**

**SIGNATURE:**

FPS, FAH, FMA, POMA, AHCA-2003
### 13 to 21 Year Child Health Check-Up Tracking Form

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>Periodic</th>
<th>Interperiodic</th>
<th>Parent/Caregiver Request</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME (Last)</th>
<th>(First)</th>
<th>ID</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>DATE</th>
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<th>ACCOMPANIED BY</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### INTERVAL HISTORY

- **Past Medical History**: WNL □ YES □ NO (IF NO, DESCRIBE)
- **Developmental History**: WNL □ YES □ NO (IF NO, DESCRIBE)
- **Behavioral Health Status**: WNL □ YES □ NO (IF NO, DESCRIBE)

### Nutritional Assessment

- WNL □ YES □ NO (IF NO, DESCRIBE) □ Fluoride □ Referred

### Physical Exam

- **Height**
- **Weight**
- **Blood Pressure**

**Are the following normal?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Appearance**

- Skin
- Head
- Eyes
- Ears
- Nose
- **Mouth/Throat/Teeth/Gums** □ Dental Referral Age 3 and Up Required
- Nodes
- Heart
- Lungs
- Abdomen
- Fem. Pulse

**Ext. Gen.**

**Tanner Staging:**

**Extremities**

**Spine**

**Neuro**

**Other**

### Lab Tests

- □ Hgb/Hct ____ (9 mo, adolescent females & as indicated) □ Other (specify, as indicated)

### Sensory Screen

- **Normal Vision?** □ Yes □ No □ Referred
- Results: Right ____ Left ____ Both ____
- **Normal Hearing?** □ Normal □ Abnormal (Right ____ Left ____) □ Referred

### Development Assessment

- Is development normal for age and culture? □ Yes □ No □ Referred

### Immunizations

- □ Current □ Deferred □ Provided: List

### Health Education, Anticipatory Guidance

- □ Car/Seat Belt Safety □ Sexual Ed & STDs □ Physical Activity
- □ Pregnancy Prevention □ Nutrition □ Comm. Affection
- □ Motorcycle/Helmet Safety □ Smoking, Alcohol, Drugs
- □ School Performance □ Breast or Testicular Self-Exam

### Diagnosis:

### Plan:

### Signature:

FPS, FAFH, FMA, FOMA, AHCA-2003