1 to14 Day Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL

❒ **Periodic** ❒ **Interperiodic** ❒ **Parent/Caregiver Request**

NAME (Last) (First)	ID	DATE OF BIRTH

DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

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?

	YES	NO	COMMENTS
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

DIAGNOSIS:

PLAN:

SIGNATURE:

2 Weeks to 2 Month Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL ❒ **Periodic** ❒ **Interperiodic** ❒ **Parent/Caregiver Request**

NAME (Last) (First)	ID	DATE OF BIRTH

DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

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

HEIGHT	WEIGHT	HEAD CIRCUMFERENCE

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

SENSORY SCREEN

NORMAL VISION? (red reflex) ❒ YES ❒ NO ❒ REFERRED	NORMAL HEARING? (responds to noises, startles at loud noises) ❒ YES ❒ NO ❒ REFERRED

DEVELOPMENT ASSESSMENT

IS DEVELOPMENT NORMAL FOR AGE AND CULTURE? (prone – lifts head, moves arms/legs equally, regards face, moro reflex) ❒ YES ❒ NO ❒ REFERRED

IMMUNIZATIONS

❒ CURRENT ❒ DEFERRED ❒ PROVIDED: LIST

HEALTH EDUCATION, ANTICIPATORY GUIDANCE

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

DIAGNOSIS:

PLAN:

SIGNATURE:

2 to 4 Month Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL ❒ **Periodic** ❒ **Interperiodic** ❒ **Parent/Caregiver Request**

NAME (Last) (First)	ID	DATE OF BIRTH

DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

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

HEIGHT	WEIGHT	HEAD CIRCUMFERENCE

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

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"

DIAGNOSIS:

PLAN:

SIGNATURE:

4 to 6 Month Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL ❒ **Periodic** ❒ **Interperiodic** ❒ **Parent/Caregiver Request**

NAME (Last) (First)	ID	DATE OF BIRTH

DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

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

HEIGHT	WEIGHT	HEAD CIRCUMFERENCE

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

❒ 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, 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:

6 to 12 Month Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL ❒ **Periodic** ❒ **Interperiodic** ❒ **Parent/Caregiver Request**

NAME (Last) (First)	ID	DATE OF BIRTH

DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

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

HEIGHT	WEIGHT	HEAD CIRCUMFERENCE

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:

12 to 18 Month Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL ❒ **Periodic** ❒ **Interperiodic** ❒ **Parent/Caregiver Request**

NAME (Last) (First)	ID	DATE OF BIRTH

DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

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 ❒ WHOLE MILK: ❒ CUP ❒ BOTTLE: ❒ TABLE FOODS

WIC ❒ YES ❒ NO ❒ REFERRED ❒ VITAMINS ❒ IRON ❒ FLUORIDE

PHYSICAL EXAM

HEIGHT	WEIGHT	HEAD CIRCUMFERENCE

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. 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)

❒ 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 ❒ DEFERRED ❒ PROVIDED: LIST

HEALTH EDUCATION, ANTICIPATORY GUIDANCE

❒ SAFETY ❒ DISCIPLINE/LIMITS ❒ TANTRUMS ❒ EATING
❒ SLEEPING ❒ READ TO CHILD ❒ ASPIRATION ❒ NO BOTTLE
❒ SNACKS ❒ TOILET TRAINING ❒ DENTAL HYGIENE ❒ OTHER
❒ SUN PROTECTION ❒ SIBLING INTERACTION

DIAGNOSIS:

PLAN:

SIGNATURE:

18 Month to 3 Year Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL ❒ **Periodic** ❒ **Interperiodic** ❒ **Parent/Caregiver Request**

NAME (Last) (First)	ID	DATE OF BIRTH

DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

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 ❒ ❒ FLUORIDE ❒ REFERRED Referred

PHYSICAL EXAM

HEIGHT	WEIGHT	HEAD CIRCUMFERENCE

Are the following normal?

	YES	NO	COMMENTS
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.			
Extremities			
Spine			
Neuro			
Other			

LAB 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) ❒ YES ❒ NO ❒ REFERRED	NORMAL HEARING? (2 yr. Uses some understandable speech, combines 2 words, names objects; 3 yr. Uses 3-4 word sentences) ❒ YES ❒ NO ❒ REFERRED
DOES PARENT FEEL SPEECH & HEARING ARE NORMAL FOR AGE? ❒ YES ❒ NO	

DEVELOPMENT ASSESSMENT

IS DEVELOPMENT NORMAL FOR AGE AND CULTURE? (by 18 mo. Uses spoon, kicks/throws ball, walks alone; by 3 years jumps in place; knows name, age, and sex; copies a circle)
❒ YES ❒ NO ❒ REFERRED

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:

3 to 5 Year Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL

❒ **Periodic** ❒ **Interperiodic** ❒ **Parent/Caregiver Request**

NAME (Last) (First)	ID	DATE OF BIRTH

DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

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 ❒ FLUORIDE ❒ REFERRED
❒ Referred

PHYSICAL EXAM

HEIGHT	WEIGHT	BLOOD PRESSURE

Are the following normal?

	YES	NO	COMMENTS
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.			
Extremities			
Spine			
Neuro			
Other			

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? ❒ NORMAL ❒ ABNORMAL (RIGHT _____ LEFT _____) ❒ REFERRED
DOES PARENT FEEL SPEECH & HEARING ARE NORMAL FOR AGE? ❒ YES ❒ NO

DEVELOPMENT ASSESSMENT

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

IMMUNIZATIONS

❒ CURRENT ❒ DEFERRED ❒ PROVIDED: LIST

HEALTH EDUCATION, ANTICIPATORY GUIDANCE

❒ NO PLAYING WITH MATCHES ❒ SEAT BELTS ❒ STREET SAFETY
❒ PRESCHOOL ❒ SEXUAL CURIOSITY

DIAGNOSIS:

PLAN:

SIGNATURE:

5 to 9 Year Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL ❒ **Periodic** ❒ **Interperiodic** ❒ **Parent/Caregiver Request**

NAME (Last) (First)	ID	DATE OF BIRTH

DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

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?

	YES	NO	COMMENTS
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.			
Extremities			
Spine			
Neuro			
Other			

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? ❒ NORMAL ❒ ABNORMAL (RIGHT _____ LEFT _____) ❒ REFERRED
DOES PARENT FEEL SPEECH & HEARING ARE NORMAL FOR AGE? ❒ YES ❒ NO	

DEVELOPMENT ASSESSMENT

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

IMMUNIZATIONS

❒ CURRENT ❒ DEFERRED ❒ PROVIDED: LIST

HEALTH EDUCATION, ANTICIPATORY GUIDANCE

❒ DENTAL HYGIENE ❒ PEER RELATIONS ❒ LIMIT SETTING
❒ NUTRITION ❒ COMMUNICATION ❒ PARENTAL ROLE MODEL
❒ REGULAR PHYSICAL ACTIVITY ❒ SCHOOL PERFORMANCE
❒ SAFETY: WATER, SEAT BELTS, SKATE BOARD, BICYCLE

DIAGNOSIS:

PLAN:

SIGNATURE:

9 to 13 Year Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL ❒ **Periodic** ❒ **Interperiodic** ❒ **Parent/Caregiver Request**

NAME (Last) (First)	ID	DATE OF BIRTH

DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

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?

	YES	NO	COMMENTS
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

SENSORY SCREEN

NORMAL VISION? ❒ YES ❒ NO ❒ REFERRED RESULTS: RIGHT _____ LEFT _____ BOTH _____

NORMAL HEARING? ❒ NORMAL ❒ ABNORMAL (RIGHT _____ LEFT _____) ❒ REFERRED

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

DEVELOPMENT ASSESSMENT

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

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, FAFH, FMA, FOMA, AHCA-2003

13 to 21 Year Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL ❒ **Periodic** ❒ **Interperiodic** ❒ **Parent/Caregiver Request**

NAME (Last) (First)	ID	DATE OF BIRTH

DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

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?

	YES	NO	COMMENTS
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: