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: