

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

Referred FLUORIDE REFERRED

PHYSICAL EXAM

HEIGHT	WEIGHT	HEAD CIRCUMFERENCE
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Are the following normal?

	YES	NO	COMMENTS
Appearance			
Skin			
Head			
Eyes			
Ears			
Nose			
Mouth/Throat/Teeth/Gums			<input type="checkbox"/> 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, kick/brows 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: