

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
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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

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 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: