

CHILD HEALTH ASSESSMENT

Parents and Child Care Providers fill-in this part.

CHILD'S NAME: LAST Perez	FIRST Caleb
DATE OF BIRTH: 12/10/xx	HOME PHONE: 11-321-5342
CHILD CARE FACILITY NAME:	
FACILITY PHONE:	COUNTY:

PARENT/GUARDIAN: Martin Perez and Maria Thomas
ADDRESS:
WORK PHONE:

To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007.

The schedule is available at < www.aap.org > or Fax back 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input checked="" type="checkbox"/> NONE
Allergies to food or medicine (describe, if any): <input checked="" type="checkbox"/> NONE
Date of most recent well-child exam: 5/30/20xx (today)
Do not omit any information. This form may only be updated by a health professional. (Initial and date new data.) Child care facility needs 2 copies.

Parents may write immunization on dates, health professionals should verify and complete all data.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE <small>(BIRTH TO AGE 2)</small>	BLOOD PRESSURE <small>(BEGINNING AT AGE 3)</small>
28.8in <small>IN/CM</small> <small>ILE <5%</small>	22.2 lbs <small>LB/KG</small> <small>%ILE</small> 25th	18.15in <small>IN/CM</small> <small>%ILE</small> 19th	_____ / _____

PHYSICAL EXAMINATION	[✓] = NORMAL	IF ABNORMAL - COMMENTS
HEAD/EARS/EYES/NOSE/THROAT	<input checked="" type="checkbox"/>	
TEETH	<input checked="" type="checkbox"/>	
CARDIO/RESPIRATORY	<input checked="" type="checkbox"/>	
ABDOMEN/GI	<input checked="" type="checkbox"/>	
GENITALIA/BREASTS	<input checked="" type="checkbox"/>	
EXTREMITIES/JOINTS/BACK/CHEST	<input checked="" type="checkbox"/>	
SKIN/LYMPH NODES	<input checked="" type="checkbox"/>	Mild rash on upper left arm and bruising on left arm (bumped into table)
NEUROLOGIC & DEVELOPMENTAL	<input checked="" type="checkbox"/>	Mildly delayed speech; poor hand-eye coordination; slight balance difficulties

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/dtp/ff	2/12/20XX	4/16/20XX	6/8/20XX	5/30/20XX		
POLIO	2/12/20XX	4/16/20XX	5/30/20XX			
HIB	2/12/20XX	4/16/20XX	6/8/20XX	12/15/20XX		
HEP B	12/10/20XX	2/12/20XX	6/8/20XX			
MMR	12/15/20XX					
VARICELLA	12/15/20XX					
PENUMOCOCCAL	2/12/20XX	4/16/20XX	6/8/20XX	12/15/20XX		
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD	12/15/20XX	
ANEMIA (HGB/HCT)	12/15/20XX	
URINALYSIS (UA) (at age 5)	N/A	
HEARING (subjective until age 4)	N/A	
VISION (subjective until age 3)	N/A	
PROFESSIONAL DENTAL EXAM	Unknown (3 months)	

HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE
(ATTACHED ADDITIONAL SHEETS IF NECESSARY)

Topical ointment prescribed to treat rash on arm. Additional handouts and guidance listed below.

[] NONE NEXT APPOINTMENT-MONTH/YEAR: _____ **12/12/20XX**

MEDICAL CARE PROVIDER	SIGNATURE OF PHYSICIAN OR CPNP:		
ADDRESS:			
	PHONE:	LICENSE NUMBER:	DATE FORM SIGNED:

Age	Outcome	Has Child Attained Milestone?			Rating Based on:		
		Yes	No	Inconsistent	Direct Observation	Parent Report	Extrapolation
By 3 months	• Lift head and chest when on stomach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Recognize bottle or breast	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Wiggle and kick arms and legs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By 6 months	• Reach for objects and pick them up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Switch toys from one hand to the other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Help hold the bottle during feeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
By 12 months	• Sit without support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Pull to a standing position	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Drink from a cup	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Hold out arms and legs while being dressed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• Know five or six words	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
By 18 months	• Pull off shoes, socks, and mittens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Feed themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• Make marks on paper with crayon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Walk without help	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Step off a low object and keep balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By 24 months	• Use two to three word sentences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Carry something while walking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Feed themselves with a spoon	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By 36 months	• Walk up steps (alternating feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Put on their shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Open door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Use three to five word sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Are toilet trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Ride a tricycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>