

PHYSICAL EXAMINATION: To be completed by health care provider approved to perform health assessments.

Height: _____ Weight: _____ Hgb or Het: _____
 Pulse: _____ Blood Pressure: _____ Lead _____
 Urinalysis: _____ Sickle Cell: _____ Other _____
 Tuberculosis: _____ Head Circumference: _____

Code each item as follows: 0 = No significant findings 1 = significant findings	Code	Description of Findings
General appearance		
Integument		
Head - neck		
EENT		
Oral - dental		
Thorax		
Breasts		
Cardiovascular		
Abdomen		
Musculoskeletal		
Genitourinary		
Neurological		

SCREENING

1. Nutritional evaluation (all ages - each screen) (/ if applicable). Nutrition/WIC questionnaires available from 785-296-0092.
 Enrolled in WIC Receiving vitamin supplement with iron Without iron Fluoride supplement

Food intake review. Results:

milk/milk products (breast fed/type of formula) _____
 fruit/vegetables _____
 Meat, beans, eggs _____
 breads, cereals _____

2. Development: Type of screen _____ Results: _____
 3. Speech: Type of screen _____ Results: _____
 4. Hearing: Type of screen _____ Results: _____ Date last screen: _____
 5. Vision: Type of screen _____ Results: _____ Date last screen: _____

Significant assessment findings:

Recommendations (include referrals):

Follow Up:

Additional information may be attached

Anticipatory Guidance (circle those discussed)

- 1. Safety/poisons 8. Lifestyle
- 2. Nutrition 9. Development
- 3. Parenting 10. Behavior
- 4. Family planning 11. Sexuality
- 5. Discipline 12. Dental
- 6. Immunizations 13. Other
- 7. Hygiene

Comments:

Date

Signature of physician or nurse approved to perform health assessments