



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

Height _____	Weight _____	Hgb or Hct _____
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 (913) 296-0092.
- ☐ Enrolled in WIC      ☐ Receiving Vitamin Supplement with iron      ☐ Without iron      ☐ Fluoride Supplement

Food intake review. Results:

milk/milk products (breastfed/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 of last screen \_\_\_\_\_
5. Vision: Type of screen \_\_\_\_\_ Results \_\_\_\_\_ Date of last screen \_\_\_\_\_

Significant Assessment Findings:Recommendations: (include referrals)Follow Up:Anticipatory Guidance: (circle those discussed)

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|--------------------|----------------|
| 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:

Additional Information may be attached

Date

Signature of Licensed Physician or Nurse approved to perform health assessments