

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)*

*Nutrition/WIC Questionnaires available from (913) 296-0092.

Is child: (Response Codes: Y = Yes N = No NA = Not applicable)
 a. Enrolled in WIC _____
 b. Breastfed _____
 c. Formula-fed _____
 d. Receiving Vitamin Supplement with iron _____ Without iron _____
 e. Receiving Fluoride Supplement _____
 f. General Nutritional Status _____
 Type _____

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

Significant Assessment Findings:

Anticipatory Guidance: (circle those discussed)

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

Comments:

Recommendations: (include referrals)

Follow Up:

_____ Date

_____ Signature of Licensed Physician or Nurse approved to perform health assessments.