

DEVELOPMENTAL TASKS									
NORMAL		ABNORMAL		NORMAL		ABNORMAL			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Holds head high						Orients to voice
			No head lag when pulled to sit						Follows parents with eyes
			Smiles, coos, laughs, squeals, gurgles						Plays with hands
			Raises body on hands when prone						Rolls prone to supine
			Enjoys looking around in environment						
Describe abnormal findings:									
DIET/ NUTRITION			IMMUNIZATIONS				LABORATORIES		
Breast	<input type="checkbox"/>	<input type="checkbox"/>			DTaP #1	<input type="checkbox"/>	#2		
Formula _____	<input type="checkbox"/>	<input type="checkbox"/>			IPV #1	<input type="checkbox"/>	#2		
Vitamins	<input type="checkbox"/>	<input type="checkbox"/>			Hib #1	<input type="checkbox"/>	#2		
Fluoride supplements	<input type="checkbox"/>	<input type="checkbox"/>			Hep B #1	<input type="checkbox"/>	#2		
Fe fortified cereals	<input type="checkbox"/>	<input type="checkbox"/>						yes	no
Iron supp.	<input type="checkbox"/>	<input type="checkbox"/>			Immunization for age completed	<input type="checkbox"/>			
<i>SUBJECTIVE</i>									
<i>OBJECTIVE</i>									
HEIGHT	WEIGHT		HEAD CIRCUMFERENCE		HR	RR			
	NORMAL	ABNORMAL	NORMAL	ABNORMAL	Describe Physical findings				
General appearance	<input type="checkbox"/>	<input type="checkbox"/>			Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>			Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head	<input type="checkbox"/>	<input type="checkbox"/>			Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fontanelles	<input type="checkbox"/>	<input type="checkbox"/>			Hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>			Genitalia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EOM	<input type="checkbox"/>	<input type="checkbox"/>			Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Reflex	<input type="checkbox"/>	<input type="checkbox"/>			Hips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>			Neuro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>			Muscle Tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest	<input type="checkbox"/>	<input type="checkbox"/>			Hearing screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ASSESSMENT</i>									
<i>PLAN</i>									
					ANTICIPATORY GUIDANCE				
Provider's Signature					Next Appointment				
Provider's Stamp					Observe parent-child interactions				
					Nutrition				
					Accident Prevention:				
					Small objects out of reach				
Date					Aspiration of powders, etc.				
					Burns-Hot liquids				
					Never leave unattended				
DETAINEE LABEL									