

DEVELOPMENTAL TASKS									
NORMAL	ABNORMAL		NORMAL	ABNORMAL					
<input type="checkbox"/>	<input type="checkbox"/>	Sits well	<input type="checkbox"/>	<input type="checkbox"/>	Pat-a-cake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Crawls, creeps	<input type="checkbox"/>	<input type="checkbox"/>	Peek-a-boo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Imitates speech sound ("Dada, Mama")	<input type="checkbox"/>	<input type="checkbox"/>	Pulls to stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Inferior pincer grasp-pokes	<input type="checkbox"/>	<input type="checkbox"/>	Turns to quiet sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bangs two toys together	<input type="checkbox"/>	<input type="checkbox"/>	Holds bottle, finger feeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe abnormal findings:									
DIET/ NUTRITION			IMMUNIZATIONS				LABORATORIES		
Breast	<input type="checkbox"/>	<input type="checkbox"/>	DTaP	<input type="checkbox"/>	#1	<input type="checkbox"/>	#2	<input type="checkbox"/>	#3
Formula _____	<input type="checkbox"/>	<input type="checkbox"/>	IPV	<input type="checkbox"/>	#1	<input type="checkbox"/>	#2	<input type="checkbox"/>	#3
Fluoride	<input type="checkbox"/>	<input type="checkbox"/>	Hib	<input type="checkbox"/>	#1	<input type="checkbox"/>	#2	<input type="checkbox"/>	#3
Vitamins	<input type="checkbox"/>	<input type="checkbox"/>	Hep B	<input type="checkbox"/>	#1	<input type="checkbox"/>	#2	<input type="checkbox"/>	#3
Table food	<input type="checkbox"/>	<input type="checkbox"/>							
							yes	no	
							Immunization for age completed <input type="checkbox"/>		
<i>SUBJECTIVE</i>									
<hr/>									
<hr/>									
<i>OBJECTIVE</i>									
HEIGHT	WEIGHT		HEAD CIRCUMFERENCE			HR	RR		
	NORMAL	ABNORMAL	NORMAL	ABNORMAL	NORMAL	ABNORMAL	Describe Physical findings		
General appearance	<input type="checkbox"/>	<input type="checkbox"/>	Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Head	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fontanelles	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<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"/>			
EOM	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Symmetrical	<input type="checkbox"/>	<input type="checkbox"/>	Hips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Light Reflex	<input type="checkbox"/>	<input type="checkbox"/>	Back	<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"/>			
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Hearing screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<i>ASSESSMENT</i>									
<hr/>									
<hr/>									
<i>PLAN</i>									
<hr/>									
<hr/>									
					ANTICIPATORY GUIDANCE				
Provider's Signature								Next Appointment	
Provider's Stamp					Protection/Ambulation	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	
					Tiny toy pieces	<input type="checkbox"/>	Burn	<input type="checkbox"/>	
					Small disk batteries	<input type="checkbox"/>	<b>AVOID</b>		
					Prevent falls	<input type="checkbox"/>	Popcorn	<input type="checkbox"/>	
					Water safety	<input type="checkbox"/>	Celery sticks	<input type="checkbox"/>	Labs.
					Syrup of Ipecac	<input type="checkbox"/>	Raw carrots	<input type="checkbox"/>	Hgb/Hct _____
					BBTD counseling	<input type="checkbox"/>	Hot dogs	<input type="checkbox"/>	Lead Exp. _____
					UV Ray protection	<input type="checkbox"/>	Grapes, nuts	<input type="checkbox"/>	PPD Planting
Date									
DETAINEE LABEL									