

<b>DEVELOPMENTAL TASKS</b>										
<b>NORMAL</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>ABNORMAL</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walks alone Crawls up stairs Put raisin in bottle Points to 1-2 body parts Three-six words; jargon	<b>NORMAL</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>ABNORMAL</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gestures Understands simple commands Stacks 2 cubes Scribbles Self feeding					
Describe abnormal findings:										
<b>DIET/ NUTRITION</b>			<b>IMMUNIZATIONS</b>				<b>LABORATORIES</b>			
Diet:			DTaP	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3				
			IPV	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3				
			Hib	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3				<input type="checkbox"/> #4
			Hep B	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3				
Fluoride:			MMR	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3				
			VAR	<input type="checkbox"/> #1						
<b>SUBJECTIVE</b>										
<b>OBJECTIVE</b>										
<b>HEIGHT</b>	<b>WEIGHT</b>		<b>HEAD CIRCUMFERENCE</b>			<b>HR</b>	<b>RR</b>			
	<b>NORMAL</b>	<b>ABNORMAL</b>	<b>NORMAL</b>	<b>ABNORMAL</b>	<b>Describe Physical findings</b>					
General appearance	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>					
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>					
Head	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>					
Fontanelles	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>					
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>					
EOM	<input type="checkbox"/>	<input type="checkbox"/>	Back	<input type="checkbox"/>	<input type="checkbox"/>					
ENT	<input type="checkbox"/>	<input type="checkbox"/>	Neuro	<input type="checkbox"/>	<input type="checkbox"/>					
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Hearing screening	<input type="checkbox"/>	<input type="checkbox"/>					
Chest	<input type="checkbox"/>	<input type="checkbox"/>								
<b>ASSESSMENT</b>										
<b>PLAN</b>										
<b>Provider's Signature</b>					<b>ANTICIPATORY GUIDANCE</b>					
Provider's Stamp					<b>Next Appointment</b>					
					Review toilet training readiness	<input type="checkbox"/>				
Prevent falls, poisoning	<input type="checkbox"/>									
Game and toys guidelines	<input type="checkbox"/>									
Discipline	<input type="checkbox"/>									
Nutrition	<input type="checkbox"/>									
BBTD	<input type="checkbox"/>	LABS.(if not previously Ordered)								
	<input type="checkbox"/>	Hgb/Hct _____								
	<input type="checkbox"/>	O&P _____								
Date					<input type="checkbox"/>	Other: _____				
<b>DETAINEE LABEL</b>										