

DEVELOPMENTAL TASKS										
NORMAL	ABNORMAL		SCHOOL PERFORMANCE							
<input type="checkbox"/>	<input type="checkbox"/>	Rides bicycle	Grade: _____ School Report:							
<input type="checkbox"/>	<input type="checkbox"/>	Ties shoelaces								
<input type="checkbox"/>	<input type="checkbox"/>	Counts/ Prints to 10								
<input type="checkbox"/>	<input type="checkbox"/>	Prints first name								
<input type="checkbox"/>	<input type="checkbox"/>	Knows right from left								
<input type="checkbox"/>	<input type="checkbox"/>	Draws person with six parts								
<input type="checkbox"/>	<input type="checkbox"/>	Throws and catches								
MEDICAL HX UPDATE	DIET/ NUTRITION	IMMUNIZATIONS					LABORATORIES			
Allergies, illnesses, Procedures, Hospitalizations		DTaP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		IPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Hep B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		MMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		VAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>SUBJECTIVE</i> _____										
<i>OBJECTIVE</i>										
HEIGHT	WEIGHT		BLOOD PRESSURE			HR	RR			
	NORMAL	ABNORMAL	NORMAL	ABNORMAL	Describe Physical findings					
General appearance	<input type="checkbox"/>	<input type="checkbox"/>	Chest	<input type="checkbox"/>	<input type="checkbox"/>					
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>					
Head	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>					
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>					
Fundi	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>					
EOM	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>					
Visual Acuity	<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"/>					
<i>ASSESSMENT</i> _____										
<i>PLAN</i> _____										
					ANTICIPATORY GUIDANCE					
Provider's Signature					Brush teeth twice a day <input type="checkbox"/> Avoid junk food <input type="checkbox"/> Maintain appropriate weight <input type="checkbox"/> Review immunization status <input type="checkbox"/> Good parenting practices Establish rules <input type="checkbox"/> Hobbies, exercise for child <input type="checkbox"/> Show interest in school <input type="checkbox"/>			Next Appointment		
Provider's Stamp								LABS		
Date								Hgb/Hct _____		
								U/A _____		
					O&P _____					
					Other _____					
DETAINEE LABEL										