

DEVELOPMENTAL TASKS											
NORMAL	ABNORMAL										
<input type="checkbox"/>	<input type="checkbox"/>	Rides bicycle								SCHOOL PERFORMANCE	
<input type="checkbox"/>	<input type="checkbox"/>	Ties shoelaces								Grade: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Counts/ Prints to 10								School Report:	
<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"/>	
				IPV	<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"/>		
				Hep B	<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"/>		
				VAR	<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"/>	<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"/>				
Eyes	<input type="checkbox"/>	<input type="checkbox"/>		Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Fundi	<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"/>				
Visual Acuity	<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> _____											
<i>PLAN</i> _____											
Provider's Signature					ANTICIPATORY GUIDANCE						
Provider's Stamp					Brush teeth twice a day			<input type="checkbox"/>	Next Appointment		
					Avoid junk food			<input type="checkbox"/>			
Maintain appropriate weight			<input type="checkbox"/>								
Review immunization status			<input type="checkbox"/>	LABS							
Good parenting practices						Hgb/Hct _____					
Establish rules			<input type="checkbox"/>	U/A _____							
Hobbies, exercise for child			<input type="checkbox"/>	O&P _____							
Date			<input type="checkbox"/>	Other _____							
			<input type="checkbox"/>								
<i>DETAINEE LABEL</i>											