

DEVELOPMENTAL TASKS						
NORMAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ABNORMAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Understands/complies with most rules at home and school Participates in group activities Displays self-confidence	SCHOOL PERFORMANCE Grade: _____ School Report: _____			
MEDICAL HX UPDATE Allergies: Procedures: Hospitalizations: Illnesses:	DIET/ NUTRITION	IMMUNIZATIONS <input type="checkbox"/> Complete for age <input type="checkbox"/> Incomplete for age	LABORATORIES _____ _____ _____ _____			
SUBJECTIVE _____ _____ _____						
OBJECTIVE						
HEIGHT	WEIGHT	BLOOD PRESSURE	HR	RR	Describe Physical findings	
	NORMAL ABNORMAL		NORMAL ABNORMAL			
General appearance	<input type="checkbox"/>	<input type="checkbox"/>	Breast Tanner _____	<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"/>	Tanner _____	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
ENT	<input type="checkbox"/>	<input type="checkbox"/>	Back	<input type="checkbox"/>	<input type="checkbox"/>	
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Neuro	<input type="checkbox"/>	<input type="checkbox"/>	
Chest	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Screening	<input type="checkbox"/>	<input type="checkbox"/>	
ASSESSMENT _____ _____ _____						
PLAN _____ _____ _____						
Provider's Signature			ANTICIPATORY GUIDANCE			
Provider's Stamp			Dental care, fluoride supplement Alcohol, tobacco, drugs, and violence Sports _____ Seek answer about sex education	Next Appointment _____ _____	LABS Hgb/Hct _____ U/A _____ O&P _____ Other: _____	
Date			Skin protection Dental appointment Follow up: _____			
DETAINEE LABEL						