

# CHILD HEALTH ASSESSMENT

CHILD'S NAME:	
DATE OF BIRTH:	HOME PHONE:
CHILD CARE FACILITY/SCHOOL:	
CHILD CARE FACILITY/SCHOOL PHONE:	

PARENT/GUARDIAN:
ADDRESS:
WORK PHONE:

NOTE: A copy of the EPSDT exam report attached to a copy of the child's immunization record may be substituted for this form.

## HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND EMERGENCIES:

DATE OF EXAM	_____ / _____ / _____
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### ALLERGIES TO FOOD OR MEDICINE:

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
IN/CM    %ILE _____	LB/KG    %ILE _____	IN/CM    %ILE _____	_____ / _____

### PHYSICAL EXAMINATION

	NORMAL	ABNORMAL/COMMENTS
HEAD/EARS/EYES/NOSE/THROAT		
TEETH		
CARDIORESPIRATORY		
ABDOMEN/GI		
GENITALIA/BREASTS		
EXTREMITIES/JOINTS/BACK/CHEST		
SKIN/LYMPH NODES		
NEUROLOGIC/TONE		
DEVELOPMENTAL (E.G. DDST)		
IMMUNIZATIONS	DATE _____	DATE _____ DATE _____ DATE _____ COMMENTS _____
DTP		
POLIO		
HIB		
HEP B		
MMR		
OTHER		

NOTE: Ages and number of boosters may vary when immunizations start at older ages.

SCREENING TESTS	NORMAL	ABNORMAL/COMMENTS
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA)		
TUBERCULOSIS (TB)		
HEARING		
VISION		

DATE OF LAST DENTIST'S EXAMINATION	
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NOTE: Age appropriate health services and immunizations must follow the schedule recommended by The American Academy of Pediatrics, 141 Northwest Point Blvd, Elk Grove Village, IL 60007

### HEALTH PROBLEMS OR SPECIAL NEEDS

### RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE (ATTACH ADDITIONAL SHEETS IF NECESSARY)

MEDICAL CARE PROVIDER:	NEXT APPOINTMENT: (MONTH/YEAR):	MD DO CRNP
ADDRESS:		
PHONE:	DATE _____ SIGNATURE OF PHYSICIAN OR CRNP _____	



# RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC HEALTH CARE

## Committee on Practice and Ambulatory Medicine

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal. These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation

with the membership of the American Academy of Pediatrics through the Chapter Presidents. The Committee emphasizes the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care**.

A **prenatal visit** by first-time parents and/or those who are at high risk is recommended and should include anticipatory guidance and pertinent medical history.

	INFANCY						EARLY CHILDHOOD				LATE CHILDHOOD						ADOLESCENCE <sup>2</sup>				
	2-3 d <sup>1</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 y	4 y	5 y	6 y	8 y	10 y	12 y	14 y	16 y	18 y	20y+
<b>AGE<sup>3</sup></b>																					
<b>HISTORY</b>																					
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>MEASUREMENTS</b>																					
Height and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure																					
<b>SENSORY SCREENING</b>																					
Vision	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	S	O	O	S	O	O
Hearing	S	S	S	S	S	S	S	S	S	S	S	O	O	S <sup>4</sup>	S <sup>4</sup>	S <sup>4</sup>	O	S	S	O	S
<b>DEVELOPMENTAL/BEHAVIORAL ASSESSMENT<sup>5</sup></b>																					
<b>PHYSICAL EXAMINATION<sup>6</sup></b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>PROCEDURES<sup>7</sup></b>																					
Hereditary/Metabolic Screening <sup>8</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Immunization <sup>9</sup>			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tuberculin Test <sup>10</sup>							•					•							•		
Hematocrit or Hemoglobin <sup>11</sup>						•															
Urinalysis <sup>12</sup>					•																
<b>ANTICIPATORY GUIDANCE<sup>13</sup></b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>INITIAL DENTAL REFERRAL<sup>14</sup></b>																					

- For newborns discharged in 24 hours or less after delivery.
- Adolescent-related issues (eg, psychosocial, emotional, substance usage, and reproductive health) may necessitate more frequent health supervision.
- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- At these points, history may suffice: if problem suggested, a standard testing method should be employed.
- By history and appropriate physical examination: if suspicious, by specific objective developmental testing.
- At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
- These may be modified, depending upon entry point into schedule and individual need.
- Metabolic screening (eg, thyroid, PKU, galactosemia) should be done according to state law.
- Schedule(s) per *Report of the Committee on Infectious Diseases*, 1991 Red Book, and current AAP Committee statements.

- For high-risk groups, the Committee on Infectious Diseases recommends annual TB skin testing.
  - Present medical evidence suggests the need for reevaluation of the frequency and timing of hemoglobin or hematocrit tests. One determination is therefore suggested during each time period. Performance of additional tests is left to the individual practice experience.
  - Present medical evidence suggests the need for reevaluation of the frequency and timing of urinalyses. One determination is therefore suggested during each time period. Performance of additional tests is left to the individual practice experience.
  - Appropriate discussion and counseling should be an integral part of each visit for care.
  - Subsequent examinations as prescribed by dentist.
- NB: **Special chemical, immunologic, and endocrine testing** is usually carried out upon specific indications. Testing other than newborn (eg, inborn errors of metabolism, sickle disease, lead) is discretionary with the physician.

Key: ● = to be performed S = subjective, by history O = objective, by a standard testing method

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

