

HEALTH ASSESSMENT FOR CHILDREN AND YOUTH - page 1 by parents, page 2 by physician

Height: _____ Weight: _____ Hgb/Hct: _____
 Pulse: _____ Blood Pressure: _____ Lead: _____
 Urinalysis: _____ Sickle Cell: _____ Other: _____
 Tuberculosis: _____ Head Circumference _____

Code Each Item as Follows: 0 = no significant findings 1 = Significant findings	Code	Description of Findings
General Appearance Integument Head – Neck EENT Oral – Dental Thorax Breasts Cardiovascular Abdomen Musculoskeletal Genitourinary Neurological		

SCREENING:

1. Nutritional Evaluation (all ages – each screen)*

*Nutrition/WIC Questionnaires available from (913) 296-0092

Is Child: (Response Codes: Y = Yes N = No NA = Not applicable)

- a. Enrolled in WIC _____
- b. Breastfed _____
- c. Formula-Fed _____
- d. Receiving Vitamin Supplement with iron _____ Without iron _____
- e. Receiving Fluoride Supplement _____
- f. General Nutrition Status _____

Type: _____

- 2. Development: Type of screen _____ Results _____
- 3. Speech: Type of screen _____ Results _____
- 4. Hearing: Type of screen _____ Results _____ Date of last screen: _____
- 5. Vision: Type of screen _____ Results _____ Date of last screen: _____

Significant Assessment Finding:

Recommendations: (Include referrals)

Follow-Up:

Anticipatory Guidance: (circle those discussed)

- 1. Safety/poisons
- 2. Nutrition
- 3. Parenting
- 4. Family Planning
- 5. Discipline
- 6. Immunizations
- 7. Hygiene
- 8. Lifestyle
- 9. Development
- 10. Behavior
- 11. Sexuality
- 12. Dental
- 13. Other

Comments:

Date _____ Signature of Licensed Physician or Nurse approved to perform health assessments.