

HEALTH ASSESSMENT: (TO BE COMPLETED BY LICENSED HEALTH PRACTITIONER)

CHILD'S NAME:
PHYSICAL EXAM:

LENGTH/HEIGHT ____ IN/CM %ILE ____	WEIGHT ____ LB/KG %ILE ____	HEAD CIRCUMFERENCE ____ IN/CM %ILE ____	BLOOD PRESSURE ____ / ____
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CHECK () EACH LINE	NORMAL	ABNORMAL-	NEEDS FOLLOW-UP	NOT EXAMINED	CHECK EACH LINE:	NORMAL	ABNORMAL	NEEDS - FOLLOW-UP'	NOT EXAMINED
					NOSE, THROAT, MOUTH				
					TEETH & GUMS				
					GLANDS INC. THYROID				
					CHEST, BREASTS				
					HEART, LUNGS				
					ABDOMEN				
					GENITALIA				

TEMPERMENT COMMENTS	____ EASY-GOING	____ AVERAGE	____ DIFFICULT
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ALLERGIES: INCLUDE ALLERGIES TO FOOD, MEDICATION, OR OTHER SUBSTANCES:

A. ESTIMATE OF LEVEL OF MATURATION:

A. INFANCY (0-2 YEARS)	EARLY: _____	MID: _____	LATE: _____
B. MID-PRESCHOOL (2-4 YEARS)	EARLY: _____	MID: _____	LATE: _____
C. PRESCHOOL (4 YEARS)	EARLY: _____	MID: _____	LATE: _____
D. SCHOOL-AGE (6-10 YEARS)	EARLY: _____	MID: _____	LATE: _____
E. ADOLESCENT (11-18 YEARS)	EARLY: _____	MID: _____	LATE: _____

COMMENTS

B. ESTIMATE OF FUNCTIONAL CAPACITY:

	DELAYED FOR DEVELOPMENT PHASE	CONSISTENT WITH DEVELOPMENT-PHASE	ADVANCED FOR DEVELOPMENT PHASE	COMMENTS
GROSS MOTOR:				
FINE MOTOR:				
LANGUAGE SKILLS:				
SOCIAL SKILLS:				
EMOTIONAL:				

PHYSICIAN'S SIGNATURE	DATE OF EXAM
PHYSICIAN'S NAME - TYPED OR PRINTED DATE	TELEPHONE NUMBER
DATE OF NEXT SCHEDULED EXAM: _____	