

Physical Examination: To be completed by a healthcare provider.

Height: _____ Weight: _____ Hgb or Hct: _____
 Pulse: _____ Blood Pressure _____ Lead _____

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 785-296-0092.

_____ Enrolled in WIC _____ Flouride supplement
 _____ Receiving vitamin supplement with Iron _____ Receiving vitamin supplement without Iron

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

Significant Assessment Findings:

Anticipatory Guidance (circle those discussed)

Recommendations(include referrals):

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

Follow Up:

Additional information may be attached

Date

Signature of physician