# Health Assessment for Children and Youth- Page 1 by parents, page 2 by physician

<u>Statement of Consent:</u> In order to better serve the health needs of my child, I hereby give my permission for the transfer of health screening records to school and other appropriate health professionals.

		Parent/Gu	ardian		Date	
Name:	Bi	rth date:		Male/F	emale	
Address:		ty				_
		0:			-	
Parent/Guardian:		none/Work:			Home:	
Child lives with:		none/Work:				
Number in household:		pe of family				
Physician:		ate of last ex				
Dentist: Eye Doctor:		Date of last examination: Date of last examination:				
School:		ommunity se				
FAMILY HEALTH HISTORY						
	Maternal P=	Paternal	S=Siblin	g	NA=Not ap Code	plicable Comment
substance abuse, or others? C 2. Does any family member ha or spinal deformity? Comment	ve a vision defect	t, hearing loss	,			
		N=No		NA=No :	annlicable	
	<u>RY</u> Y= Yes	N=No			applicable	Comment
Response Codes:	Y= Yes		problems	NA=No a Code	applicable	Comment
Response Codes: 1.Birth weight Were	Y= Yes		problems	Code		Comment
Response Codes: 1.Birth weight Were with the child?	Y= Yes e there any prenat	tal or delivery	problems	Code		
Response Codes: 1.Birth weight Were with the child? 2. Did this child walk, talk, and	Y= Yes e there any prenat	tal or delivery	problems	Code		
Response Codes: 1.Birth weight Were with the child? 2. Did this child walk, talk, and 3. Does the child/adolescent: a. See a health care pro	Y= Yes e there any prenat develop at the us ovider regularly?	tal or delivery	problems	Code		
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Parents, please explain any of the above that you listed as a "yes." List any present concerns that you might have:

**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

- Nutritional evaluation (all ages-each screen). Nutrition/WIC questionnaires available from 785-296-0092. 1.
- 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:

Recommendations( include referrals):

Follow Up:

Additional information may be attached

## Date

Signature of physician

## Anticipatory Guidance (circle those discussed)

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