



**PHYSICAL EXAMINATION:** To be completed by health care provider approved to perform health assessments.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hgb or 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 ) (/ if applicable). Nutrition/WIC questionnaires available from 785-296-0092.  
 Enrolled in WIC      Receiving vitamin supplement with iron      Without iron      Fluoride supplement

**Food intake review. Results:**

milk/milk products (breast fed/type of formula) \_\_\_\_\_  
 fruit/vegetables \_\_\_\_\_  
 Meat, beans, eggs \_\_\_\_\_  
 breads, cereals \_\_\_\_\_

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

Significant assessment findings:

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:

Additional information may be attached

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of physician or nurse approved to perform health assessments