

Name: _____ DOB: _____ Actual Age: _____
 Language Spoken: _____ Interpreter Name: _____

Date: _____ **UNDER 1 MONTH**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ H.C.: _____ Temp: _____ Heart Rate: _____ Resp: _____

Allergies: _____ Growth Chart Completed: [] []

Notes: _____

Staying Healthy started: Yes/No _____ Reviewed: Yes / No _____ MA Signature _____

BIRTH HISTORY G _____ P _____

Pregnancy complications: _____

Birth weight: lb. oz. _____ Apgar _____

Perinatal complications: _____

Family hx of childhood hearing impairment: _____

Vag/C-Section _____

Hep B given in hospital? _____ Date: _____

Immunization Registry done at hospital? [] Yes [] No _____

PARENTAL CONCERNS:

GROWTH-DEVELOPMENT

[] Prone, lifts head briefly [] Blinks at bright light [] Flexed posture; moves all extremities

[] Moro reflex [] Responds to sound [] Can sleep 3-4 hours

[] Turns head side to side [] Fixates on parent's face/voice

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed [] No murmurs, regular rhythm

[] No abuse/neglect evident [] Lungs [] Breath sounds normal bilaterally

Head [] Symmetrical, A.F. open _____ cm [] Abdomen [] Soft, no masses, liver & spleen normal

Eyes [] Conjunctivae, sclerae, pupils normal [] Genitalia: Male [] Normal appearance, circ./uncirc.

[] Red reflexes present [] Female [] Testes in scrotum

[] Appears to see [] No strabismus [] Hips [] No lesions, nl. external appearances

Ears [] Canals clear, TMs normal [] Femoral pulses [] Good abduction

[] Appears to hear [] Extremities [] Present and equal

Nose [] Passages patent [] Skin [] No deformities, full ROM

Mouth & pharynx [] Normal color, no lesions. [] Neurologic [] Clear, no significant lesions

Neck [] Supple, no masses palpated [] Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [] Obtain newborn hospital records and newborn screen [] WIC Referral given
 [] Newborn Metabolic Screen (if not previously done)

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Breast vs. formula feeding, burping, no other p.o. intake, no bottle recumbent, WIC

Behavior: Feeding, sleeping, crying, hiccups, stools, sneezing

Injury & Violence Prevention: Falls, ability to roll, smoke detector, burns from hot liquids, lead poisoning prevention

Guidance: Spoiling, sibling relationships, diaper rash, circ. care, cord care, suctioning, protection from infection, or pacifier,

smoking at home, stimulating with hanging objects and bright colors, thermometer use, call MD for fever

Safety Precautions: Infant car seat, crib safety, infant sleeping position.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.

Next Appointment [] 1 month or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____
 Language Spoken: _____ Interpreter Name: _____

Date: _____ **1-2 MONTHS**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ HC: _____ Temp: _____ Heart Rate: _____ Resp: _____
 Allergies: _____ Growth Chart Completed: [] []
 Notes: _____
 Staying Healthy started: Yes / No Reviewed: Yes / No MA Signature _____

INTERVAL HISTORY

Breastfeed or Bottle _____ Has WIC: Yes / No
 Feedings: _____ Sleep position: _____
 Illnesses: _____ Accidents: _____
 Stools: _____ Exposure to tobacco smoke: _____ TB Risk Yes / No
 Vision: _____ Hearing: _____

GROWTH-DEVELOPMENT

Is mother getting enough sleep? Yes / No
 [] Prone, lifts head 45° [] Follows past midline [] Responds to parent's voice/face
 [] Vocalizes (cooing) [] Kicks, grasps [] Flexed posture; moves all extremities
 [] Responds to sounds [] Fixates on human face [] Sleeps 3-4 hours
 [] Interested in visual/auditory stimuli [] Smiles responsively [] Some head control/upright position

PARENTAL CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Heart [] No murmurs, regular rhythm
[] No abuse/neglect evident	Lungs [] Breath sounds normal bilaterally
Head [] Symmetrical, A.F. open _____ cm	Abdomen [] Soft, no masses, liver & spleen normal
Eyes [] Conjunctivae, sclera, pupils normal	Genitalia: Male [] Normal appearance, circ./uncirc.
[] Red reflexes present	[] Testes in scrotum
[] Appears to see [] No strabismus	Female [] No lesions, nl. external appearances
Ears [] Canals clear, TMs normal	Hips [] Good abduction, leg lengths equal
[] Appears to hear	Femoral pulses [] Present and equal
Nose [] Passages patent	Extremities [] No deformities, full ROM
Mouth & pharynx [] Normal color, no lesions.	Skin [] Clear, no significant lesions
Neck [] Supple, no masses palpated	Neurologic [] Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained/VIS sheets
 [] DTaP [] HEP B [] IPV
 [] Hib [] Rotavirus [] Prevnar
 [] WIC referral [] Nutritional assessment [] Immunization registry entry

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Breast vs. formula feeding, no milk or honey till 1 y/o, no bottle recumbent, feeding position, colic, WIC referral
Behavior: Crying, thumb sucking, no discipline yet
Injury & Violence Prevention: Rolling, playpen use, burns from hot liquids, lead poisoning prevention
Guidance: Fever, acetaminophen dose, hot water temp. 120°, smoking at home, sleeping position
Safety Precautions: Infant car seat, water safety, falls, nursery equipment, no smoking, thermometer use, childcare plan, infant care (bathing, skin, clothing), emergency care plan, no aspirin use, family spacing, sibling & family relationships.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.
 Next Appointment [] 2 months or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **3-4 MONTHS**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ HC: _____ Temp: _____ Heart Rate: _____ Resp: _____

Allergies: _____ Growth Chart Completed: []

Notes: _____

Staying Healthy started: Yes/No _____ Reviewed: Yes / No _____ MA Signature _____

INTERVAL HISTORY

Has WIC: Yes / No _____
Feedings: _____ Breastfeed or Bottle _____ Sleep Position: _____

Illnesses: _____ Vision: _____

Accidents: _____ Hearing: _____

Stools: _____ Exposure to tobacco smoke: _____ TB Risk Yes / No _____

GROWTH-DEVELOPMENT

[] Head steady when sitting [] Squeals or goos [] Rolls side to side
[] Eyes follow 180° [] Orients to voices [] Inspects/plays with hands/feet
[] Grasps rattle [] Brings hands together [] Shows range of feelings (joy, fear, etc.)

PARENTAL CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Teeth [] Grossly normal
[] No abuse/neglect evident	Heart [] No murmurs, regular rhythm
Head [] Symmetrical, A.F. open _____ cm	Lungs [] Breath sounds normal bilaterally
Eyes [] Conjunctivae, sclerae, pupils normal	Abdomen [] Soft, no masses, liver & spleen normal
[] Red reflexes present	Genitalia: Male [] Normal appearance, circ./uncirc.
[] Appears to see [] No strabismus	[] Testes in scrotum
Ears [] Canals clear, TMs normal	Female [] No lesions, nl. external appearances
[] Appears to hear	Hips [] Good abduction, leg length equal
Nose [] Passages patent	Femoral pulses [] Present and equal
Mouth & pharynx [] Normal color, no lesions	Extremities [] No deformities, full ROM
Neck [] Supple, no masses palpated	Skin [] Clear, no significant lesions
	Neurologic [] Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheets

[] DTaP [] HEP B [] IPV

[] HIB [] Rotavirus [] Prevnar

[] WIC referral [] Nutritional assessment [] Immunization registry entry

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Breast vs. formula feeding, solids, no milk or honey till 1 y/o

Behavior: Rolling, reaching for objects

Injury & Violence Prevention: Rolling, playpen use, burns from hot liquids, lead poisoning prevention

Guidance: Teething, no bottle recumbent, URI treatment, aspiration risk with small objects, language stimulation, no discipline yet.

Infant care (bathing, skin, clothing), family spacing, sibling & family relationships.

Safety Precautions: Infant car seat, water safety, falls, nursery equipment, smoke detector, choking prevention, sleeping position.

Parental smoking, thermometer use, childcare plan, minor illness care, emergency care plan.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.

Next Appointment [] 2 months or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **5-6 MONTHS**

NURSING INTAKE						
Height:	Weight:	BMI:	HC:	Temp:	Pulse:	Resp:
Allergies:			Growth Chart Completed: []			
Notes:						
Staying Healthy started: Yes / No		Reviewed: Yes / No		MA Signature		
INTERVAL HISTORY			Has WIC: Yes / No		Sleep position:	
Diet:		Breastfeed or Bottle		Stools:		
Illnesses:			Meds/ Vits:			
Accidents:			Exposure to tobacco smoke:		TB Risk: Yes / No	
GROWTH-DEVELOPMENT						
[] No head lag when pulled to sitting		[] Rolls over		[] Turns to rattling sounds		
[] Reaches for objects		[] Sits briefly alone		[] Babbles		
[] Bears weight on legs		[] Gums, teeths objects		[] Vocalizes single consonants		
PARENTAL CONCERNS:						
PHYSICAL EXAMINATION						
General Appearance [] Well nourished and developed			Teeth [] Grossly normal		Heart [] No murmurs, regular rhythm	
[] No abuse/neglect evident			Lungs [] Breath sounds normal bilaterally		Abdomen [] Soft, no masses, liver & spleen normal	
Head [] Symmetrical, A.F. open _____ cm		Eyes [] Conjunctivae, sclerae, pupils normal		Genitalia [] Normal appearance		
[] Red reflexes present			Male [] Testes in scrotum, circ./uncirc.		Female [] No lesions, nl. external appearances	
[] Appears to see [] No strabismus			Hips [] Good abduction, leg length equal		Femoral pulses [] Present and equal	
Ears [] Canals clear, TMs normal		[] Appears to hear		Extremities [] No deformities, full ROM		
Nose [] Passages patent		Mouth & pharynx [] Normal color, no lesions		Skin [] Clear, no significant lesions		
Neck [] Supple, no masses palpated		Neurologic [] Alert, moves extremities well				
ASSESSMENT:						
PLAN:						
ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheets given.						
[] DTaP		[] Hep B		[] IPV		[] Immunization registry entry
[] Hib		[] Rotavirus		[] Flu (after 6 months)		[] Rx for fluoride (.25/.50 mg QD, refill till age 2)
[] WIC referral		[] PCV (Prevnar)		[] Nutritional assessment		
ANTICIPATORY GUIDANCE: Circle if discussed						
Diet: Intro. Solids at 5 mos (rice cereal, vegs. & fruit), solids 1 new/week, start with iron-rich, no cow's milk yet, breast feeding, formula.						
Behavior: Begins to sit and crawl, discrimination of people						
Injury & Violence Prevention: Smoke detector, poisoning risk, drug and toxic chemical storage, poison center phone number, lead poisoning prevention						
Childproofing: Safety gates, window guards, pool fence, hot liquids and surfaces, hot water temp, choking prevention, sleeping position.						
Guidance: Consistent sleep schedule, teething, blocks, repetitive games, no bottle recumbent, Infant care (bathing, skin, clothing), Childcare plan.						
Safety Precautions: Infant vs. toddler car seat, parent smoking, no aspirin use.						

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.

Next Appointment [] 2 months or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **7-9 MONTHS**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ HC: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Growth Chart Completed: []

Notes: _____

Staying Healthy started: Yes / No Reviewed: Yes / No MA Signature _____

INTERVAL HISTORY Has WIC: Yes / No

Diet: _____ Breastfeed or Bottle _____ Stools: _____

Illnesses: _____ Meds/Vits: _____

Accidents: _____ Exposure to tobacco smoke: _____ TB Risk: Yes / No

GROWTH-DEVELOPMENT

- [] Sits without support
- [] Feeds self cracker
- [] Bears weight on legs
- [] Responds to own name
- [] Begins to creep and crawl
- [] Looks for toys dropped
- [] Teeth
- [] Smiles at self image in mirror
- [] Mama, Dada indiscriminately
- [] Hold object, transfers object hand to hand
- [] Pokes with index finger
- [] Plays peek-a-boo/pat-a-cake

PARENTAL CONCERNS:

PHYSICAL EXAMINATION

- | | |
|---|--|
| General Appearance [] Well nourished and developed | Teeth [] Grossly normal |
| [] No abuse/neglect evident | Heart [] No murmurs, regular rhythm |
| Head [] Symmetrical, A.F. open _____ cm | Lungs [] Breath sounds normal bilaterally |
| Eyes [] Conjunctivae, sclerae, pupils normal | Abdomen [] Soft, no masses, liver & spleen normal |
| [] Red reflexes present | Genitalia: Male [] Normal appearance, circ./uncirc. |
| [] Appears to see [] No strabismus | [] Testes in scrotum |
| Ears [] Canals clear, TMs normal | Female [] No lesions, nl external appearances |
| [] Appears to hear | Hips [] Good abduction |
| Nose [] Passages patent | Femoral pulses [] Present and equal |
| Mouth & pharynx [] Normal color, no lesions | Extremities [] No deformities, full ROM |
| Neck [] Supple, no masses palpated | Skin [] Clear, no significant lesions |
| | Neurologic [] Alert, moves extremities well |

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given

- [] DTaP [] Hep B [] IPV [] Immunization registry entry
- [] Hib [] Rotavirus [] Flu (after 6 months) [] Rx for fluoride (.25/.50 mg QD, refill till age 2)
- [] HCT (9-12 months) [] PCV (Pevnar) [] WIC referral [] Nutritional assessment

ANTICIPATORY GUIDANCE: Circle if discussed

Behavior: Sitting, crawling, creeping, trying to pull self up.

Injury & Violence Prevention: No food chunks or hard objects the size of a baby's pinky, smoke detector, poisoning risk, drug and toxic chemical storage, poison center phone number, burns: hot liquids and foods, water/pool safety, lead poisoning prevention.

Guidance: Decrease in appetite, understands "no" but not discipline, brush teeth, no bottle recumbent, childcare plan, breastfeeding.

Safety Precautions: Toddler car seat, no aspirin use, teething problems, dental hygiene.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.

Next Appointment [] 3 months or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **10-11 MONTHS**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ HC: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Growth Chart Completed: []

Notes: _____

Staying Healthy started: Yes / No Reviewed: Yes / No MA Signature _____

INTERVAL HISTORY Has WIC: Yes / No Stools: _____

Diet: _____ Breastfeed or Bottle Meds/Vits: _____

Accidents: _____

Illnesses: _____ Exposure to tobacco smoke: _____ TB Risk: Yes / No

GROWTH-DEVELOPMENT

[] Pulls self to standing [] Thumb-finger grasp [] Says Dada, Mama

[] Stands holding on [] Plays pat-a-cake [] Scribbles

[] Holds cup to drink [] Walks with help

PARENTAL CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed [] No abuse/neglect evident Teeth [] Grossly normal Heart [] No murmurs, regular rhythm

Head [] Symmetrical, A.F. open _____ cm Lungs [] Breath sounds normal bilaterally

Eyes [] Conjunctivae, sclerae, pupils normal [] Red reflexes present Abdomen [] Soft, no masses, liver & spleen normal

[] Appears to see [] No strabismus Genitalia: Male [] Normal appearance, circ./uncirc. [] Testes in scrotum

Ears [] Canals clear, TMs normal [] Appears to hear Female [] No lesions, nl external appearances

[] Hips [] Good abduction

Nose [] Passages patent Femoral pulses [] Present and equal

Mouth & pharynx [] Normal color, no lesions Extremities [] No deformities, full ROM

Neck [] Supple, no masses palpated Skin [] Clear, no significant lesions

Neurologic [] Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given.

[] DTaP (if not up to date) [] Hep B (if not up to date) [] Immunization registry entry [] PCV (Prevnar) (if not up to date)

[] HCT (9-12 months) [] Flu [] WIC referral [] Nutritional assessment

[] Hib (if not up to date) [] IPV [] Rx for fluoride (.25/.50 mg QD, refill till age 2)

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Intro meats and proteins, mashed table food, finger foods, start feeder cup, milk, junk food, weaning, breastfeeding, normal decreased appetite.

Behavior: Minor discipline, pulls to standing.

Injury & Violence prevention: No hard objects the size of baby's pinky, smoke detector, drug and toxic chemical storage, poison center phone number. Childproofing: toddler car seat, electrical outlet covers, safety gates, window guards, pool fence, hot liquids and surfaces, hot water temp., drowning, street safety, gun in home, falls, walkers, stairs, windows, lead poisoning prevention.

Guidance: Allow to feed self, look in mirror, play with cloth book, expect growth and appetite to decrease, sleep positioning, childcare plan.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.

Next Appointment [] 3 months or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **12-15 MONTHS**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ HC: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Growth Chart Completed: [] []

Notes: _____

Staying Healthy started: Yes / No Reviewed: Yes / No MA Signature _____

INTERVAL HISTORY Has WIC: Yes / No Stools: _____

Diet: _____ Breastfeed or Bottle Meds/Vits: _____

Accidents: _____

Illnesses: _____ Exposure to tobacco smoke: _____ TB Risk: Yes / No

GROWTH-DEVELOPMENT

- [] Walks alone well [] Feeds self, holds cup to drink [] 3-6 word vocabulary
- [] Takes lids off containers [] Plays pat-a-cake [] Indicates wants by pointing/grunting
- [] Understands simple commands [] Stoops and recovers [] 2 block tower
- [] Dada, Mama specific [] Scribbles [] Waves bye-bye

PARENTAL CONCERNS:

PHYSICAL EXAMINATION

- | | |
|---|--|
| General Appearance [] Well nourished and developed | Teeth [] Grossly normal |
| [] No abuse/neglect evident | Heart [] No murmurs, regular rhythm |
| Head [] Symmetrical, A.F. open _____ cm | Lungs [] Breath sounds normal bilaterally |
| Eyes [] Conjunctivae, sclerae, pupils normal | Abdomen [] Soft, no masses, liver & spleen normal |
| [] Red reflexes present | Genitalia: Male [] Normal appearance, circ./uncirc. |
| [] Appears to see [] No strabismus | [] Testes in scrotum |
| Ears [] Canals clear, TMs normal | Female [] No lesions, nl external appearances |
| [] Appears to hear | Hips [] Good abduction |
| Nose [] Passages patent | Femoral pulses [] Present and equal |
| Mouth & pharynx [] Normal color, no lesions | Extremities [] No deformities, full ROM |
| Neck [] Supple, no masses palpated | Skin [] Clear, no significant lesions |
| | Neurologic [] Alert, moves extremities well |

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given.

- | | | | |
|-------------------|----------|------------------------------------|--|
| [] MMR | [] DTaP | [] Hep B | [] Nutritional assessment |
| [] PCV (Prevnar) | [] Hib | [] Flu | [] HCT (between 9 to 12 months) |
| [] Varicella | [] PPD | [] Lead Blood Test (at 12 months) | [] Rx for fluoride (.25/.50 mg QD, refill till age 2) |
| [] WIC referral | [] IPV | [] Immunization registry entry | |

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Table food, milk, junk food, using cup/bottle, encourage solids.

Behavior: Feeding self, simple games.

Injury & Violence Prevention: No hard objects the size of baby's pinky, toddler car seat, emergency care plan, smoke detector, drug and toxic chemical storage, poison center phone number. Childproofing: safety gates, window guards, pool fence, hot liquids and surfaces, hot water temp., drowning, street safety, gun in home, home first aid kit, matches, cabinets and latches, lead poisoning prevention .

Guidance: Explain temper tantrum, family play, masturbation, not ready for toilet training, shoes, bottle, toothbrush, treatment of minor cuts & bruises, childcare plan.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.

Next Appointment [] 3 months or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **16-23 MONTHS**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ HC: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Growth Chart Completed: []

Notes: _____

Staying Healthy started: Yes / No Reviewed: Yes / No MA Signature _____

INTERVAL HISTORY

Diet: _____ Has WIC: Yes / No Stools: _____

Illnesses: _____ Meds/Vits: _____

Accidents: _____ Sleep Pattern: _____

Exposure to tobacco smoke: _____ TB Risk: Yes / No

GROWTH-DEVELOPMENT

- [] Walks alone fast [] Listens to a story [] 3 block tower
- [] Walks up steps [] Cup, little spillage [] Helps in house
- [] Brings object to parent to show [] Uses spoon [] Scribbles
- [] 7-20 word vocabulary [] Points with index finger [] Points to at least one body part

PARENTAL CONCERNS:

PHYSICAL EXAMINATION

- | | |
|---|--|
| General Appearance [] Well nourished and developed | Teeth [] Grossly normal, no cavities |
| [] No abuse/neglect evident | Heart [] No murmurs, regular rhythm |
| Head [] Symmetrical, A.F. open _____ cm | Lungs [] Breath sounds normal bilaterally |
| Eyes [] Conjunctivae, sclerae, pupils normal | Abdomen [] Soft, no masses, liver & spleen normal |
| [] Red reflexes present | Genitalia: Male [] Normal appearance, circ./uncirc. |
| [] Appears to see [] No strabismus | Female [] Testes in scrotum |
| Ears [] Canals clear, TMs normal | [] No lesions, nl external appearances |
| [] Appears to hear | Hips [] Good abduction |
| Nose [] Passages patent | Femoral pulses [] Present and equal |
| Mouth & pharynx [] Normal color, no lesions | Extremities [] No deformities, full ROM |
| Neck [] Supple, no masses palpated | Skin [] Clear, no significant lesions |
| | Neurologic [] Alert, moves extremities well |

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given.

- | | | | |
|-----------------------------------|-------------------------------|--|--------------------------------------|
| [] MMR (if not up to date) | [] DTaP (if not up to date) | [] Nutritional assessment | [] PCV (Pevnar) (if not up to date) |
| [] IPV (if not up to date) | [] Hib (if not up to date) | [] Flu | [] Immunization registry entry |
| [] Varicella (if not up to date) | [] PPD | [] HCT (if high risk) | [] Lead Blood Test (at 12 months) |
| [] WIC referral | [] Hep B (if not up to date) | [] Rx for fluoride (.25/.50 mg QD, refill till age 2) | |

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Regular meals with snacks, cup only; no bottle (12-15 mos), junk food.

Behavior: self expression, makes choices, pretend play, difficulty sharing toys, expressing emotions, sibling quarreling

Injury & Violence Prevention: Toddler car seat, emergency care plan, no hard objects the size of baby's pinky, smoke detector, drug and toxic chemical storage, poison center phone number. Childproofing: safety gates, window guards, pool fence, hot liquids and surfaces, drowning, street safety, falls from play equipment, tables & chairs, gun in home, protect from UV light, lead poisoning prevention.

Guidance: Accept negativism, reading to child, toilet awareness not training, toothbrush use, parent smoking, childcare plan.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.

Next Appointment [] 6 months or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **2 YEARS**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Growth Chart Completed: []

Notes: _____

Staying Healthy started: Yes / No Reviewed: Yes / No MA Signature _____

INTERVAL HISTORY

Diet: _____ Has WIC: Yes / No Stools: _____

Illnesses: _____ Meds/Vits: _____

Accidents: _____ Sleep Pattern: _____

Exposure to tobacco smoke: _____ TB Risk Yes / No

GROWTH-DEVELOPMENT

[] Runs well, walks up and down	[] Puts 2-3 words together	[] Puts on simple clothes
[] Identifies 1 body part	[] Speech half understandable	[] Handles spoon well
[] Kicks and throws a ball	[] Plays hide and seek	[] Helps around house
[] 20 word vocabulary	[] 3 block tower	[] Washes and dries hands

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Teeth [] Grossly normal
[] No abuse/neglect evident	Heart [] No murmurs, regular rhythm
Head [] Symmetrical, A.F. closed	Lungs [] Breath sounds normal bilaterally
Eyes [] Conjunctivae, sclerae, pupils normal	Abdomen [] Soft, no masses, liver, spleen normal
[] Red reflexes present	Genitalia: [] Normal appearance,
[] Appears to see [] No strabismus	Male [] Testes in scrotum, circ./uncirc.
Ears [] Canals clear, TMs normal	Female [] No lesions, nl external appearances
[] Appears to hear	Hips [] Good abduction
Nose [] Passages patent	Femoral pulses [] Present and equal
Mouth & pharynx [] Normal color, no lesions, no cavities	Extremities [] No deformities, full ROM
Neck [] Supple, no masses palpated	Skin [] Clear, no significant lesions
	Neurologic [] Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given

[] HepA	[] Hep B (if not up to date)	[] PPD	[] WIC referral
[] MMR (if not up to date)	[] DTaP (if not up to date)	[] Flu (check recommendations)	[] Nutritional assessment
[] PPSV (if not up to date)	[] Hib (if not up to date)	[] HCT (if high risk)	[] Lead Blood Test (at 12 months)
[] MCV	[] Varicella (if no history date)	[] IPV (if not up to date)	[] Immunization registry entry
[] Rx for fluoride (.25/.50 mg QD, refill till age 2)			

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Regular meals with snacks, iron-rich foods, sodium, caloric balance, switch to low fat milk, nutritional counseling.
Behavior: Runs but falls easily, loves rough play, physical activity counseling.
Injury & Violence Prevention: Street dangers, knives, falls, drowning, poison center, storage of drugs, toxic chemicals, matches, guns, smoke detector, hot water temp.
Guidance: Accept negativism, start toilet training, parallel peer play, monitor TV programs, brush teeth, dentist, effects of passive smoking, protect skin from UV light, emergency care plan, childcare plan.
Safety Precautions: Toddler car seat, window guards, pool fence, bike helmet, play equipment, lead poisoning prevention.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.
 Return for Hep A #2 in 6 Months _____
 Next Appointment [] 1 year or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **3 YEARS**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Growth Chart Completed: []

Notes: _____

Staying healthy started: Yes / No Reviewed: Yes / No MA Signature: _____

INTERVAL HISTORY

Diet: _____ Has WIC: Yes / No Stools: _____

Illnesses: _____ Sleep Pattern: _____ Seeing dentist: Yes / No

Accidents: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma

Meds./Vits.: _____ Exposure to tobacco smoke: _____ TB Risk: Yes / No

GROWTH-DEVELOPMENT

- [] Goes up stairs alternating feet [] Helps in dressing [] Talks well, speech understandable
- [] Plays with other children [] Pedals tricycle [] 4-5 word sentences
- [] Knows age, sex, first, last name [] 20 teeth [] Vocabulary of about 500 words
- [] Jumps in place [] Washes/dries hands, brushes teeth [] Cuts with scissors
- [] Balance on each foot, 1 second [] Separates from mother easily [] Copies +

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

- | | |
|---|--|
| General Appearance [] Well nourished and developed | Teeth [] Grossly normal, no cavities |
| [] No abuse/neglect evident | Heart [] No murmurs, regular rhythm |
| Head [] Symmetrical, A.F. closed | Lungs [] Breath sounds normal bilaterally |
| Eyes [] Conjunctivae, sclerae, pupils normal | Abdomen [] Soft, no masses, liver & spleen normal |
| [] Red reflexes present | Genitalia: Male [] Normal appearance, circ./uncirc. |
| [] Appears to see [] No strabismus | [] Testes in scrotum |
| Ears [] Canals clear, TMS normal | Female [] No lesions, nl external appearances |
| [] Appears to hear | Hips [] Good abduction |
| Nose [] Passages patent | Femoral pulses [] Present and equal |
| Mouth & pharynx [] Normal color, no lesions, no cavities | Extremities [] No deformities, full ROM |
| Neck [] Supple, no masses palpated | Skin [] Clear, no significant lesions |
| | Neurologic [] Alert, moves extremities well |

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given.

- [] HCT (if high risk) [] Flu (check recommendations) [] Immunizations (if not up to date)
- [] Vision screening yearly (objective) [] Lead Blood Test (if not in chart) [] Immunization Registry
- [] Audiometry (subjective) [] Lipid Profile (if high risk) [] MCV
- [] PPD [] Dental Referral given [] WIC Referral
- [] Rx for fluoride drops/chewable tabs (.50/1.0 mg QD till age 14)

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Regular meals with snacks, caloric balance, sweets, sodium, iron, nutritional counseling.

Behavior: Fast moving, value judgments, very aware of peers, physical activity counseling.

Injury & Violence Prevention: Toddler car seat till 6 years or 60 lbs, street dangers, knives, falls, drowning, caution with strangers, smoke detector, hot water temp, window guards, pool fence, play equipment, bike helmet, poison center phone, storage of drugs, toxic chemicals, matches, and guns, emergency care plan, lead poisoning prevention.

Guidance: Role of father, B&B problems, stuttering, TV programs, regular exercise, brush teeth, dentist, UV skin protection, parent smoking, childcare plan.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.

Next Appointment [] 1 year or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **4-5 YEARS**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Growth Chart Completed: [] []

Notes: _____

Staying Healthy started: Yes / No Reviewed: Yes / No MA Signature _____

INTERVAL HISTORY

Diet: _____ Has WIC: Yes / No Fatigue, nightmares, enuresis: _____

Illnesses: _____ Sleep Pattern: _____ Seeing dentist: Yes / No

Accidents: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma

Meds./Vits.: _____ Exposure to tobacco smoke: _____ TB Risk: Yes / No

GROWTH-DEVELOPMENT

[] Hops on one foot [] Plays with several children

[] Counts 4 pennies [] Recognizes 3-4 colors

[] Copies a square [] Knows opposites

[] Catches, throws a ball [] Knows name, address, phone no.

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed [] Teeth [] Grossly normal, no cavities

[] No abuse/neglect evident [] Heart [] No murmurs, regular rhythm

Head [] Symmetrical [] Lungs [] Breath sounds normal bilaterally

Eyes [] Conjunctivae, sclerae, pupils normal [] Abdomen [] Soft, no masses, liver & spleen normal

[] Red reflexes present [] Genitalia: Male [] Normal appearance, circ./uncirc.

[] Appears to see [] No strabismus [] Female [] Testes in scrotum

Ears [] Canals clear, TMs normal [] Hips [] No lesions, nl external appearances

[] Appears to hear [] Femoral pulses [] Good abduction

Nose [] Passages patent [] Extremities [] Present and equal

Mouth & pharynx [] Normal color, no lesions, no cavities [] Skin [] No deformities, full ROM

Neck [] Supple, no masses palpated [] Neurologic [] Clear, no significant lesions

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given

[] DTAP [] UA (at 5 years) [] Lipid Profile (if high risk)

[] IPV [] Vision screening (yearly) [] PPD

[] Hep B (if not previously done) [] Audiometry (at 4 and 5 years) [] WIC Referral given

[] MMR [] Lead Blood Test (if not in chart) [] Dental Referral given

[] Varicella (if not up to date or history date documented) [] Flu (check recommendations) [] PPSV

[] Hep A (if not previously done) [] Immunization Registry entry [] MCV

[] HCT (if high risk) [] Rx for fluoride drops/chewable tabs (.50/1.0 QD till age 14)

ANTICIPATORY GUIDANCE: Circle if discussed

Diet/Activity: Regular balanced meals with snacks, caloric balance, sweets, Fe, Na, meal socialization, school lunch program, nutritional counseling, physical activity counseling.

Injury & Violence Prevention: Street dangers, knives, falls, drowning, caution with strangers, smoke detector, hot water temp, window guards, pool fence, bike helmet, poison center phone, storage of drugs, toxic chemicals, matches, and guns, burns, lead poisoning prevention.

Guidance: Knows name, address, phone no., plays with other children, imitates adults, honest & simple answers re sex, dressing self, brushing own teeth, B&B problems, school plans, TV programs, regular exercise, UV skin protection, Dentist Q 1 yr., parent smoking, strangers, school readiness, seat belt use, childcare plan, emergency care plan.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.

Next Appointment [] 1 year or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **6-8 YEARS**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Growth Chart Completed: []

Notes: _____

Staying Healthy started: Yes / No Reviewed: Yes / No MA Signature _____

INTERVAL HISTORY

Diet: _____ Meds/Vits: _____

Appetite: _____ Weight loss/gain: _____ Seeing dentist: Yes / No

Illnesses, stomach, headache: _____ Accidents: _____

Fatigue, nightmares, enuresis: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma

Exposure to tobacco smoke: _____ TB Risk: Yes / No

GROWTH/SCHOOL PROGRESS Achievement, sports, peer relationship, attendance, school vision or hearing problem, attendance:

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Breast (female) [] No masses, Tanner stage I II III IV V
[] No abuse/neglect evident	Lungs [] Clear to auscultation bilaterally
Head [] No lesions	Abdomen [] Soft, no masses, liver & spleen normal
Eyes [] PERRL, conjunctivae & sclerae clear	Genitalia [] Grossly nl, Tanner stage I II III IV V
[] Vision grossly normal	Male [] Circ./uncirc. [] Testes in scrotum
Ears [] Canals Clear, TMs normal	Female [] No lesions, nl external appearances
[] Hearing grossly normal	Femoral pulses [] Normal
Nose [] Passages clear, MM pink, no lesions	Extremities [] No deformities, full ROM
Teeth [] Grossly normal, no cavities	Lymph nodes [] Not enlarged
Neck [] Supple, no masses, thyroid not enlarged	Back [] No scoliosis
Chest [] Symmetrical	Skin [] Clear, no significant lesions
Heart [] No organic murmurs, regular rhythm	Neurologic [] Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheets given

[] DTaP (if not up to date)	[] HCT	[] Lipid Profile (if high risk)
[] IPV (if not up to date)	[] Flu (check recommendations)	[] MMR
[] Hep B (if not up to date)	[] MCV	[] PPD
[] Varicella (if not up to date or history date documented)	[] Audiometry	[] UA
[] Hep A (if not up to date)	[] Dental referral given	[] Vision screening
[] Immunization Registry Entry	[] Rx for fluoride (.50/1.0 mg QD till age 14)	

ANTICIPATORY GUIDANCE: Circle if discussed

Diet/Activity: Limit fat, esp. sat. & cholesterol, sweets, sodium, caloric balance, nutritional counseling, physical activity counseling.

Injury & Violence Prevention: Seat belt use, Swimming, water safety, bike helmet, Drug and ETOH avoidance education, smoke detector, storage of guns, drugs, toxic chemicals, matches.

Guidance: Bed time, discipline, smoking, early sex education and puberty, progress, tooth brushing, dentist, UV skin protection, regular exercise, school achievement, fun, friends, family life education, child sexual abuse.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.

Next Appointment [] 1 year or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **9-12 YEARS**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Growth Chart Completed []

Notes: _____

Staying Healthy started: Yes / No Reviewed: Yes / No MA Signature _____

INTERVAL HISTORY (alone or with parent) Illnesses, stomach, headache: _____

Diet: _____ Meds/Vits: _____ LMP: _____

Appetite: _____ Weight loss/gain: _____

Physical Activity: _____ Fatigue, nightmares: _____

Exposure to tobacco smoke: _____ Accidents: _____ Seeing dentist: Yes / No

Tobacco/alcohol/drug use: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma

Sexual activity: _____ Menarche: _____ TB risk: Yes / No

GROWTH/SCHOOL PROGRESS (Risk questions for 12 year olds need to be asked). Achievement, sports, peer relationships (a best friend?), school vision or hearing problem, attendance, learning from mistakes, coordination, :

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Breast (female) [] No masses, Tanner stage I II III IV V
[] No abuse/neglect evident	Lungs [] Clear to auscultation bilaterally
Head [] No lesions	Abdomen [] Soft, no masses, liver & spleen normal
Eyes [] PERRL, conjunctivae & sclera clear	Genitalia [] Grossly nl, Tanner stage I II III IV V
[] Vision grossly normal	Male [] Circ./uncirc. [] Testes in scrotum
Ears [] Canals Clear, TMs normal	Female [] No lesions, nl external appearances
[] Hearing grossly normal	Femoral pulses [] Normal
Nose [] Passages clear, MM pink, no lesions	Extremities [] No deformities, full ROM
Teeth [] Grossly normal, no cavities	Lymph nodes [] Not enlarged
Neck [] Supple, no masses, thyroid not enlarged	Back [] No scoliosis
Chest [] Symmetrical	Skin [] Clear, no significant lesions
Heart [] No organic murmurs, regular rhythm	Neurologic [] Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given.

- | | | |
|--|--|----------------------------------|
| [] Hep B (if not up to date) | [] Hep A (if not up to date) | [] MVC4 (11 - 12 years) |
| [] MMR (if not up to date) | [] HIV test (counsel if at risk) | [] Lipid Profile (if high risk) |
| [] Varicella (if not up to date or history date documented) | [] Vision screening (objective 9,10,12 years) | [] Flu (check recommendations) |
| [] Tdap booster (if not up to date) | [] Audiometry (Objective 9,10, 12 years) | [] Immunization Registry Entry |
| [] Rx For Folic acid 1 mg qd. (if female) | [] HCT (Yearly if menstruating) | [] HPV (11 - 12 years) |
| [] GC, Chlamydia, VDRL (if sexually active) | [] UA (Once between 11-21) | [] PPSV (if high risk) |
| [] Rx for fluoride (.50/1.0 mg QD till age 14) | [] Dental Referral given | |

ANTICIPATORY GUIDANCE: Circle if discussed

Diet/Activity: Limit sweets, sodium, and fat (esp. sat. & chol.), snacks, balanced meals, nutritional counseling, physical activity counseling

Injury & Violence Prevention: bike helmet, water safety, car safety, smoke detector, storage of guns, drugs, toxic chemicals, matches.

Guidance: Bed time, discipline, smoking, drug and ETOH avoidance education, family life education, early sex education, puberty, abstinence, regular exercise – 3 times a week, health decisions, TV, school, fun, friends, UV light protection, brushing teeth, dentist yearly, sexual abuse and violence protection, seat belt.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.

[] Refer to drug/ETOH rehab, stop smoking class, OB/GYN services, mental health, or other _____

Next Appointment [] 1 year or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **13-16 YEARS**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Growth Chart Completed: [] LMP: _____

Staying Healthy started: Yes / No Reviewed: Yes / No MA Signature _____

INTERVAL HISTORY (alone or with parent)	Meds/Vits:
Diet:	Weight loss/gain: _____ Menarche: _____
Appetite:	Physical Activity: _____
Exposure to tobacco smoke:	Accidents: _____ Seeing dentist: Yes / No
Tobacco/alcohol/drug use:	Family history: HTN, heart disease, high cholesterol, DM, asthma
Sexual activity:	Illnesses, stomach, headache, fatigue: _____ TB Risk: Yes / No

GROWTH/SCHOOL PROGRESS (Risk questions should be asked for all ages). Achievement, sports, peer relationships, attendance, hobbies, school vision or hearing problem, parental limits/consequences for actions, responsibility, after high school plans:

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Female [] Pap done
[] No abuse/neglect evident	Breast (female) [] No masses, Tanner stage I II III IV V
Head [] No lesions	Lungs [] Clear to auscultation bilaterally
Eyes [] PERRL, conjunctivae & sclerae clear	Abdomen [] Soft, no masses, liver & spleen normal
[] Vision grossly normal	Genitalia [] Grossly nl, Tanner stage I II III IV V
Ears [] Canals Clear, TMs normal	Male [] Circ./uncirc. [] Testes in scrotum
[] Hearing grossly normal	Female [] No lesions, nl external appearances
Nose [] Passages clear, MM pink, no lesions	Femoral pulses [] Normal
Teeth [] Grossly normal	Extremities [] No deformities, full ROM
Neck [] Supple, no masses, thyroid not enlarged	Lymph nodes [] Not enlarged
Chest [] Symmetrical	Back [] No scoliosis
Heart [] No organic murmurs, regular rhythm	Skin [] Clear, no significant lesions
	Neurologic [] Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained /VIS sheets given.

[] Hep B (if not given previously)	[] Immunization registry entry	[] UA (yearly)
[] MMR (if not up to date)	[] Vision screening (objective at 15 yrs)	[] Flu (Check recommendations)
[] Varicella (if not up to date or history date documented)	[] Audiometry (objective at 15 yrs)	[] Lipid profile (if high risk)
[] Hep A (if not given previously)	[] Rx for fluoride (.50/1.0 mg QD till age 14)	[] Dental Referral given
[] HCT (once between 11 to 21 years)	[] Rx. For Folic Acid 1 mg qd. (if female)	[] PPSV (if high risk)
[] GC, Chlamydia, VDRL, Pap (if sexually active)	[] Counsel re HIV (test if at risk)	[] Tdap (if not up to date)
[] MVC4 (if not up to date)	[] HPV (if not up to date)	

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Fat (esp. sat. & chol.), Na, Fe, Ca, caloric balance, appropriate weight, junk food, eating disorders, physical activity counseling
Accident prevention: Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety, work safety.
Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, depression, suicidal ideation, puberty progress, sex education (partner selection, condoms, contraception, AIDS risk factors). Goals in life, family interaction, exercise.
Personal Development: Physical, growth, sexuality, independence.
Safety Precautions: Seat belt use, self breast exam, testicular self exam.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.
 [] Refer to drug/ETOH rehab, stop smoking class, OB/GYN services, mental health, or other _____
 Next Appointment [] 1 year or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **17-20 YEARS**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Advance Directive Education after 18 yrs : Yes / No

Notes: _____

Staying healthy started: Yes / No Review: Yes / No MA Signature _____

INTERVAL HISTORY (alone or with parent) Meds/Vits: _____ LMP: _____

Diet: _____ Weight loss/gain: _____ Menarche: _____

Appetite: _____ Illnesses, stomach, headache, fatigue: _____

Tobacco/alcohol/drug use: _____ Accidents: _____ Seeing dentist: Yes / No

Exposure to tobacco smoke: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma

Sexual activity: _____ Physical Activity: _____ TB Risk: Yes / No

GROWTH/SCHOOL PROGRESS (Risk questions should be asked). Achievement, sports, peer relationships, hobbies, school achievement, attendance, after high school plans, vision or hearing problems, demonstrates capacity for empathy/intimacy/reciprocity, self-identity:

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Breast (female) [] No masses, Tanner stage I II III IV V
[] No abuse/neglect evident	Lungs [] Clear to auscultation bilaterally
Head [] No lesions	Abdomen [] Soft, no masses, liver & spleen normal
Eyes [] PERRL, conjunctivae & sclerae clear	Genitalia-Male [] Grossly nl, Tanner stage I II III IV V
[] Vision grossly normal	Male [] Circ./uncirc. [] Testes in scrotum
Ears [] Canals Clear, TMs normal	Genitalia-Female [] No lesions, Tanner Stage I II III IV V
[] Hearing grossly normal	Femoral pulses [] Normal
Nose [] Passages clear, MM pink, no lesions	Extremities [] No deformities, full ROM
Teeth [] Grossly normal, no cavities	Lymph nodes [] Not enlarged
Neck [] Supple, no masses, thyroid not enlarged	Back [] No scoliosis
Chest [] Symmetrical	Skin [] Clear, no significant lesions
Heart [] No organic murmurs, regular rhythm	Neurologic [] Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheets to be given.

[] HCT (yearly if menstruating)	[] Folic Acid 1 mg qd (ordered if female)
[] PPSV (high risk)	[] Lipid profile (if high risk)
[] UA (yearly)	[] Nutritional Assessment
[] Flu (check recommendations)	[] Dental Referral given
[] Immunization (if not up to date)	[] Immunization registry entry
[] Meningoccal (for college)	[] HPV (if not up to date)
[] Counsel re: HIV (test if at risk)	[] GC, Chlamydia, VDRL, Pap (if sexually active)
[] Vision screening (objective 18 years)	[] Audiometry (objective 18 years)

ANTICIPATORY GUIDANCE: Circle if discussed

Diet/Activity: Obesity, eating disorders, junk food, nutritional counseling, physical activity counseling.

Accident Prevention: Seat belt use, safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.

Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, puberty progress, sex education (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, family, social interaction, communication.

Personal Development: Independence, academic, work activities.

Adult Health Care: Transitioning to adult provider, breast self exam, testicular self exam.

[] Refer to appropriate agency: CCS, Regional Center, Early Start or LEA services.

[] Refer to drug/ETOH rehab, stop smoking class, OB/GYN services, mental health, or other _____

Next Appointment [] 1 year or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **21 – 39 YEARS – FEMALE**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Advance Directive Education: Yes / No

Notes: _____

Staying healthy started: Yes / No Review: Yes / No MA Signature _____

INTERVAL HISTORY

Diet: _____ Meds/Vits: _____

Appetite: _____ Weight loss/gain: _____

Physical Activity: _____ Tobacco/alcohol/drug use: _____

Illnesses, stomach, headache, fatigue: _____ Accidents: _____

Menarche: G P A Hx of Breastfeeding: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma

Sexual activity: LMP _____ Exposure to tobacco smoke: _____

MMR: _____ TB Risk: Yes / No Seeing dentist: Yes / No

Varicella or Chicken Pox Hx Date: _____ History of depression? _____

_____ Date of last Td: _____

PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed Breast (female) [] No masses

[] No abuse/neglect evident Lungs [] Clear to auscultation bilaterally

Head [] No lesions Abdomen [] Soft, no masses, liver & spleen normal

Eyes [] PERRL, conjunctivae & sclerae clear Genitalia [] Grossly nl

[] Vision grossly normal Female [] No lesions, nl external appearances

Ears [] Canals Clear, TMs normal Female [] Rectal

[] Hearing grossly normal [] Pap

Nose [] Passages clear, MM pink, no lesions Femoral pulses [] Normal

Teeth [] Grossly normal, no cavities Extremities [] No deformities, full ROM

Neck [] Supple, no masses, thyroid not enlarged Lymph nodes [] Not enlarged

Chest [] Symmetrical Back [] No scoliosis

Heart [] No organic murmurs, regular rhythm Skin [] Clear, no significant lesions

Neurologic [] Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow- up explained / VIS sheets given.

[] MMR [] Varicella (if no history date) [] Rx. For Folic Acid 1 mg qd

[] UA (yearly) [] Flu (if high risk) [] Lipid profile (repeat every five years)

[] PPD [] Pneumo (if high risk) [] Nutritional Assessment

[] Td (if not up to date) [] Dental Referral given

[] Counsel re: HIV (test if at risk) [] GC, Chlamydia, VDRL, Pap (if sexually active)

ANTICIPATORY GUIDANCE: Circle if discussed

Correct diet: Obesity, eating disorders, and junk food.

Accident prevention: Seat belt use, safety helmet, risk-taking behavior, DUI, guns, violent behavior, and motor vehicle safety.

Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, sex education, (partner selection, condoms,

contraception, AIDS risk factors). Goals in life, regular exercise, personal development, independence, work activities, family, social

interaction, communication.

Self Health Care: Breast self exam.

Next Appointment [] 1, 2, or 3 years or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **21 – 39 YEARS – MALE**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Advance Directive Education: Yes / No

Notes: _____

Staying healthy started: Yes / No Review: Yes / No MA Signature _____

INTERVAL HISTORY

Diet: _____ Meds/Vits: _____ History of depression? _____

Appetite: _____ Tobacco/alcohol/drug use: _____ TB Risk: Yes / No _____

Physical Activity: _____ Accidents: _____ Seeing dentist: Yes / No _____

Illnesses, stomach, headache, fatigue: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma _____

Sexual activity: _____ Exposure to tobacco smoke: _____

Varicella/Chicken Pox Hx Date: _____ Date of last Td: _____

PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Breast [] No masses
[] No abuse/neglect evident	Lungs [] Clear to auscultation bilaterally
Head [] No lesions	Abdomen [] Soft, no masses, liver & spleen normal
Eyes [] PERRL, conjunctivae & sclerae clear	Genitalia [] Grossly nl
[] Vision grossly normal	Male [] Circ./uncirc. [] Testes in scrotum
Ears [] Canals Clear, TMs normal	Rectum [] Sphincter Tone [] Prostate exam
[] Hearing grossly normal	Femoral pulses [] Normal
Nose [] Passages clear, MM pink, no lesions	Extremities [] No deformities, full ROM
Teeth [] Grossly normal, no cavities	Lymph nodes [] Not enlarged
Neck [] Supple, no masses, thyroid not enlarged	Back [] No scoliosis
Chest [] Symmetrical	Skin [] Clear, no significant lesions
Heart [] No organic murmurs, regular rhythm	Neurologic [] Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheets given.

[] Td (if not up to date)	[] Varicella (if no history)	[] Lipid profile (repeat every five years)
[] UA	[] Pneumo (if high risk)	[] Nutritional Assessment
[] PPD	[] Flu (if high risk)	[] Dental Referral given
[] Counsel re: HIV (test if at risk)		

ANTICIPATORY GUIDANCE: Circle if discussed

Correct Diet: Obesity, eating disorders, and junk food.

Accident Prevention: Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.

Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, seat belt use, personal development, independence, work activities, family, social interaction, communication.

Self Health Care: Breast self exam, testicular self exam.

Next Appointment [] 1, 2, or 3 years or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **40 – 49 YEARS – FEMALE**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Advance Directive Education: Yes / No

Notes: _____

Staying healthy started: Yes / No Review: Yes / No MA Signature _____

INTERVAL HISTORY

Diet: _____ Meds/Vits.: _____

Appetite: _____ Weight loss/gain: _____

Physical Activity: _____ Tobacco/alcohol/drug use: _____

Illnesses, stomach, headache, fatigue: _____ Accidents: _____

Menarche: G P A Hx of Breastfeeding: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma

Sexual activity: _____ LMP: _____ TB Risk: Yes / No Seeing dentist: Yes / No

MMR: _____ History of depression? _____

Varicella or Chicken Pox Hx Date: _____ Date of last Td: _____

PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Breast [] No masses
[] No abuse/neglect evident	Lungs [] Clear to auscultation bilaterally
Head [] No lesions	Abdomen [] Soft, no masses, liver & spleen normal
Eyes [] PERRL, conjunctivae & sclerae clear	Genitalia [] Grossly nl
[] Vision grossly normal	Female [] Pap
Ears [] Canals Clear, TMs normal	[] Rectal
[] Hearing grossly normal	Femoral pulses [] Normal
Nose [] Passages clear, MM pink, no lesions	Extremities [] No deformities, full ROM
Teeth [] Grossly normal, no cavities	Lymph nodes [] Not enlarged
Neck [] Supple, no masses, thyroid not enlarged	Back [] No scoliosis
Chest [] Symmetrical	Skin [] Clear, no significant lesions
Heart [] No organic murmurs, regular rhythm	Neurologic [] Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheets given.

[] PPD	[] Varicella (if no history date)	[] Mammogram order (every 1 to 2 years)
[] UA	[] MMR	[] Lipid profile (repeat every five years)
[] Td (if not in last 10 years)	[] Pneumo (if high risk)	[] Nutritional Assessment
[] Counsel re: HIV (test if at risk)	[] Flu (if high risk)	[] Dental Referral given

ANTICIPATORY GUIDANCE: Circle if discussed

Correct Diet: Obesity, eating disorders, and junk food.

Accident Prevention: Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.

Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, aging process, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, seat belt use, family, social interaction, communication, personal development, independence, work activities.

Self-Health Care: Breast self exam.

Next Appointment [] 2 years or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **40 – 49 YEARS – MALE**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Advance Directive Education: Yes / No

Notes: _____

Staying healthy started: Yes / No Review: Yes / No MA Signature _____

INTERVAL HISTORY

Diet: _____ Meds/Vits: _____

Appetite: _____ Weight loss/gain: _____ History of depression? _____

Physical Activity: _____ Tobacco/alcohol/drug use: _____ TB Risk: Yes / No

Illnesses, stomach, headache, fatigue: _____ Accidents: _____ Seeing dentist: Yes / No

Sexual activity: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma

Varicella or Chicken Pox Hx Date: _____ Exposure to tobacco smoke: _____

_____ Date of last Td: _____

PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Breast [] No masses
[] No abuse/neglect evident	Lungs [] Clear to auscultation bilaterally
Head [] No lesions	Abdomen [] Soft, no masses, liver & spleen normal
Eyes [] PERRL, conjunctivae & sclerae clear	Genitalia [] Grossly nl
[] Vision grossly normal	Male [] Circ/uncirc [] Testes in scrotum
Ears [] Canals Clear, TMs normal	Rectum [] Sphincter tone [] Prostate Exam
[] Hearing grossly normal	Femoral pulses [] Normal
Nose [] Passages clear, MM pink, no lesions	Extremities [] No deformities, full ROM
Teeth [] Grossly normal, no cavities	Lymph nodes [] Not enlarged
Neck [] Supple, no masses, thyroid not enlarged	Back [] No scoliosis
Chest [] Symmetrical	Skin [] Clear, no significant lesions
Heart [] No organic murmurs, regular rhythm	Neurologic [] Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheets given.

[] Td (if not in last 10 years) [] Varicella (if no history date) [] Lipid profile (repeat every five years)

[] UA [] Flu (if high risk) [] Nutritional Assessment

[] PPD [] Pneumo (if high risk) [] Dental Referral given

[] PSA (if high risk) [] Counsel re: HIV (test if at risk)

ANTICIPATORY GUIDANCE: Circle if discussed

Correct Diet: Obesity, eating disorders, and junk food.

Accident Prevention: Seat belt use, Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.

Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, aging process, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, family, social interaction, communication, personal development, independence, work activities.

Self Health Care: Breast self exam, testicular self exam.

Next Appointment [] 2 years or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **50+ YEARS – FEMALE**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Advance Directive Education: Yes / No

Notes: _____

Staying healthy started: Yes / No Review: Yes / No MA Signature _____

INTERVAL HISTORY

Diet: _____ Meds/Vits: _____

Appetite: _____ Weight loss/gain: _____

Physical Activity: _____ Tobacco/alcohol/drug use: _____

Illnesses, stomach, headache, fatigue: _____ Accidents: _____

Menarche: G P A Hx of Breastfeeding: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma

Sexual activity: _____ LMP: _____ Exposure to tobacco smoke: _____

Varicella or Chicken Pox Hx Date: _____ TB Risk: Yes / No Seeing dentist: Yes / No

History of depression? _____ Date of last Td: _____

PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Breast (female) [] No masses
[] No abuse/neglect evident	Lungs [] Clear to auscultation bilaterally
Head [] No lesions	Abdomen [] Soft, no masses, liver & spleen normal
Eyes [] PERRL, conjunctivae & sclerae clear	Genitalia [] Grossly nl
[] Vision grossly normal	Female [] Pap [] Rectal yearly
Ears [] Canals Clear, TMs normal	Femoral pulses [] Normal
[] Hearing grossly normal	Extremities [] No deformities, full ROM
Nose [] Passages clear, MM pink, no lesions	Lymph nodes [] Not enlarged
Teeth [] Grossly normal, no cavities	Back [] No lordosis/scoliosis/other abnormality
Neck [] Supple, no masses, thyroid not enlarged	Skin [] Clear, no significant lesions
Chest [] Symmetrical	Neurologic [] Alert, no gross sensory or motor deficit
Heart [] No organic murmurs, regular rhythm	[] Occult Blood (if 50+)

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheets given.

[] Td (if not in last 10 years)	[] Varicella (if no history date)	[] Counsel re: HIV (test if at risk)
[] UA	[] Flu (yearly)	[] Lipid profile (repeat every five years)
[] Fecal Occult Blood (yearly)	[] Flex Sigmoid (every 5 years)	[] Colonoscopy (every 10 years)
[] Nutritional Assessment	[] Pneumo (if above 65 or high risk)	[] PPD
[] Dental Referral given	[] Mammo (yearly to 65 years then @ clinician's discretion)	

ANTICIPATORY GUIDANCE: Circle if discussed

Correct Diet: Obesity, eating disorders, and junk food.

Accident Prevention: Seat belt use, safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.

Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, aging process, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, personal development, independence, work or retirement activities, family, social interaction, communication.

Self Health Care: Breast self exam.

Next Appointment [] 1 year, or _____ MD Signature: _____ Date: _____

Name: _____ DOB: _____ Actual Age: _____

Language Spoken: _____ Interpreter Name: _____

Date: _____ **50+ YEARS – MALE**

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Allergies: _____ Advance Directive Education: Yes / No

Notes: _____

Staying healthy started: Yes / No Review: Yes / No MA Signature _____

INTERVAL HISTORY

Diet:	Meds/Vits:
Appetite:	Weight loss/gain: _____ History of depression?
Physical Activity:	Tobacco/alcohol/drug use: _____ TB Risk: Yes / No
Illnesses, stomach, headache, fatigue:	Accidents: _____ Seeing dentist: Yes / No
Sexual activity:	Family history: HTN, heart disease, high cholesterol, DM, asthma
Varicella or Chicken Pox Hx Date:	Exposure to tobacco smoke:
	Date of last Td:

PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Breast [] No masses
[] No abuse/neglect evident	Lungs [] Clear to auscultation bilaterally
Head [] No lesions	Abdomen [] Soft, no masses, liver & spleen normal
Eyes [] PERRL, conjunctivae & sclerae clear	Genitalia [] Grossly nl
[] Vision grossly normal	Male [] Circ/uncirc [] Testes in scrotum
Ears [] Canals Clear, TMs normal	Rectum [] Sphincter tone [] Prostate Exam
[] Hearing grossly normal	Femoral pulses [] Normal
Nose [] Passages clear, MM pink, no lesions	Extremities [] No deformities, full ROM
Teeth [] Grossly normal, no cavities	Lymph nodes [] Not enlarged
Neck [] Supple, no masses, thyroid not enlarged	Back [] No lordosis/scoliosis/other abnormality
Chest [] Symmetrical	Skin [] Clear, no significant lesions
Heart [] No organic murmurs, regular rhythm	Neurologic [] Alert, no gross sensory or motor deficit
	[] Occult Blood (if 50+)

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheets given.

- | | | |
|----------------------------------|---------------------------------------|---|
| [] Td (if not in last 10 year) | [] Varicella (if no history) | [] Lipid profile (repeat every five years) |
| [] Flu (yearly) | [] Pneumo (if above 65 or high risk) | [] Fecal Occult Blood (yearly) |
| [] Colonoscopy (every 10 years) | [] Flex Sigmoid (every 5 years) | [] UA |
| [] PPD | [] PSA | |
| [] Dental Referral given | [] Nutritional Assessment | |

ANTICIPATORY GUIDANCE: Circle if discussed

Correct Diet: Obesity, eating disorders, and junk food.

Accident Prevention: Seat belt use, safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.

Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, aging process, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, family, social interaction, communication, work activities, personal development, independence.

Self Health Care: Breast self exam, testicular self exam.

Next Appointment [] 1 year, or _____ MD Signature: _____ Date: _____