| Name:  | DOB:                                  |                                       | Actual Age:                        |                         |
|--|---------------------------------------|---------------------------------------|------------------------------------|-------------------------|
| _  | Language Spoken:                      |                                       | Interpreter Name:                  |                         |
| Date:  |                                       | UNDER 1 M                             | 10NTH                              |                         |
| NURSING INTAKE   |                                       |                                       |                                    |                         |
| 5  | BMI: H.C.:                            | Temp:                                 | Heart Rate:                        | Resp:                   |
| Allergies:   |                                       | Growth Chart Comple                   | ted: [ ]                           |                         |
| Notes:   | D ' 1 X7 / X7                         | 3.64.63                               |                                    |                         |
| Staying Healthy started: Yes/No  | Reviewed: Yes / No                    | MA Signature                          | 3.57                               |                         |
| BIRTH HISTORY G P<br>Pregnancy complications:  | -                                     | INTERVAL HISTOI<br>Feedings: Breastfe | <b>CY</b><br>ed or Bottle          | Has WIC: Yes / No       |
| Birth weight: lb. oz.  | Apgar                                 | Stools:                               | ed of Bottle                       | TB Risk: Yes / No       |
| Perinatal complications:   | Прва                                  | Cord:                                 |                                    | TD KISK. TCS / TVO      |
| Family hx of childhood hearing impairn   | nent:                                 | Circumcision:                         |                                    |                         |
| Vag/C-Section  |                                       | Infant sleeping positio               | n:                                 |                         |
|  | Date:                                 | Exposure to tobacco si                |                                    |                         |
| Immunization Registry done at hospital   | ? [ ] Yes [ ] No                      | Is mother getting enou                |                                    |                         |
| PARENTAL CONCERNS:   |                                       |                                       |                                    |                         |
|  |                                       |                                       |                                    |                         |
|  |                                       |                                       |                                    |                         |
| GROWTH-DEVELOPMENT   |                                       |                                       |                                    |                         |
| [ ] Prone, lifts head briefly  | [ ] Blinks at bright                  |                                       |                                    | ; moves all extremities |
| [ ] Moro reflex  | [ ] Responds to so                    |                                       | ] Can sleep 3-4                    | hours                   |
| [ ] Turns head side to side  | [ ] Fixates on pare                   | nt's face/voice                       |                                    |                         |
| PHYSICAL EXAMINATION   | ahad and dassalamad                   | II.aut [                              | 1 No                               | 1                       |
|  | shed and developed<br>neglect evident | Heart [<br>Lungs [                    | No murmurs, reg<br>Breath sounds n |                         |
|  | al, A.F. open cm                      | Abdomen [                             |                                    | liver & spleen normal   |
|  | vae, sclerae, pupils normal           | Genitalia: Male                       | Normal appeara                     |                         |
| [ ] Red reflexe  |                                       |                                       | Testes in scrotu                   |                         |
|  | see [ ] No strabismus                 | Female [                              | •                                  | xternal appearances     |
|  | ar, TMs normal                        | Hips [                                | Good abduction                     |                         |
| [ ] Appears to   | hear                                  | Femoral pulses [                      | Present and equa                   | al                      |
| Nose [ ] Passages p  |                                       | Extremities [                         | ] No deformities,                  |                         |
| 1 2 2 3  | lor, no lesions.                      | Skin [                                | Clear, no signifi                  |                         |
|  | masses palpated                       | Neurologic [                          | Alert, moves ext                   | tremities well          |
| ASSESSMENT:  |                                       |                                       |                                    |                         |
|  |                                       |                                       |                                    |                         |
|  |                                       |                                       |                                    |                         |
|  |                                       |                                       |                                    |                         |
| PLAN:  |                                       |                                       |                                    |                         |
|  |                                       |                                       |                                    |                         |
|  |                                       |                                       |                                    |                         |
|  |                                       |                                       |                                    |                         |
| <b>ORDERS:</b> Obtain newborn hosp   | oital records and newborn so          | araan [ ]WIC                          | Referral given                     |                         |
| [ ] Newborn Metabolic  | Screen (if not previously done)       | Liteti [ ] WiC                        | Kelellal giveli                    |                         |
| ANTICIPATORY GUIDANCE: Circ  |                                       |                                       |                                    |                         |
| <b>Diet:</b> Breast vs. formula feeding, burpin  |                                       | bottle recumbent, WIC                 |                                    |                         |
| <b>Behavior:</b> Feeding, sleeping, crying, hi   |                                       | h                                     | - 14                               |                         |
| Injury & Violence Prevention: Falls, a   |                                       |                                       |                                    |                         |
| <b>Guidance:</b> Spoiling, sibling relationship smoking at home, stimulating with hang |                                       |                                       |                                    | on, or pacifier,        |
| Safety Precautions: Infant car seat, crib  |                                       |                                       | INID TOLLEVEL                      |                         |
| [ ] Refer to appropriate agency: CCS,  |                                       |                                       |                                    | <u> </u>                |
| Next Appointment [ ] 1 month or  | · ·                                   | ignature:                             |                                    | Date:                   |
| TICAL ADDOMINICAL FOR HIGHLIGHT  | IVII ) O                              | ıznature.                             |                                    | νaιυ.                   |

| Name:                                       | DOB:                            |                            | Actual Age:                              |
|---|---------------------------------|----------------------------|--|
|   | Language Spoken:                |                            | Interpreter Name:                        |
| Date:                                       |                                 | 1-2 MON                    | THS                                      |
| NURSING INTAKE                              |                                 |                            |  |
| Height: Weight:                             | BMI: HC:                        | Temp:                      | Heart Rate: Resp:                        |
| Allergies:                                  | -                               | Growth Chart Comple        |  |
| 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 si     | moke: TB Risk Yes / No                   |
| Vision:                                     |                                 | Hearing:                   |  |
| GROWTH-DEVELOPMENT                          |                                 | Is mother getting enou     | igh sleep? Yes / No                      |
| Prone, lifts head 45°                       | [ ] Follows past r              |                            | Responds to parent's voice/face          |
| [ ] Vocalizes (cooing)                      | [ ] Kicks, grasps               | ]                          | Flexed posture; moves all extremities    |
| [ ] Responds to sounds                      | [ ] Fixates on hur              | nan face [                 | ] Sleeps 3-4 hours                       |
| [ ] Interested in visual/auditory sti       | muli [ ] Smiles respon          | sively [                   | ] Some head control/upright position     |
| PARENTAL CONCERNS:                          |                                 |                            |  |
|   |                                 |                            |  |
|   |                                 |                            |  |
|   |                                 |                            |  |
| PHYSICAL EXAMINATION                        |                                 |                            |  |
|   | urished and developed           | Heart [                    | ] No murmurs, regular rhythm             |
|   | se/neglect evident              | Lungs [                    | ] Breath sounds normal bilaterally       |
|   | trical, A.F. open cm            | Abdomen [                  | ] Soft, no masses, liver & spleen normal |
|   | ctivae, sclera, pupils normal   | Genitalia: Male [          | ] Normal appearance, circ./uncirc.       |
|   | exes present                    | [                          | ] Testes in scrotum                      |
|   | s to see [ ] No strabismus      | Female [                   | ] No lesions, nl. external appearances   |
|   | clear, TMs normal               | Hips [                     | ] Good abduction, leg lengths equal      |
|   | s to hear                       | Femoral pulses [           | ] Present and equal                      |
|   | s patent                        | Extremities [              | ] No deformities, full ROM               |
|   | color, no lesions.              | Skin [                     | ] Clear, no significant lesions          |
|   | no masses palpated              | Neurologic [               | ] Alert, moves extremities well          |
| ASSESSMENT:                                 |                                 |                            |  |
|   |                                 |                            |  |
|   |                                 |                            |  |
|   |                                 |                            |  |
| PLAN:                                       |                                 |                            |  |
|   |                                 |                            |  |
|   |                                 |                            |  |
|   |                                 |                            |  |
|   |                                 |                            |  |
| ODDEDG. I 1 V                               |                                 | 1/1/1/10 -1                |  |
| <b>ORDERS:</b> [ ] Vaccine reactions        |                                 | ed/VIS sheets              | r 1 my                                   |
| [ ] DTaP                                    | [ ] HEP B                       |                            | [ ] IPV                                  |
| [ ] Hib                                     | [ ] Rotavirus                   | aggmant                    | Prevnar                                  |
| [ ] WIC referral                            | [ ] Nutritional ass             | essment                    | [ ] Immunization registry entry          |
| ANTICIPATORY GUIDANCE: (                    |                                 | attle requirement feedings | position solio WIC referred              |
| <b>Diet:</b> Breast vs. formula feeding, no |                                 | nue recumbent, reeding j   | position, conc, wile referral            |
| <b>Behavior:</b> Crying, thumb sucking, n   |                                 |                            |  |
| Injury & Violence Prevention: Rol           |                                 |                            |  |
| Guidance: Fever, acetaminophen do           | -                               |                            |  |
| Safety Precautions: Infant car seat,        | water safety, falls, nursery ed | quipment, no smoking, th   | nermometer use, childcare plan,          |
| infant care (bathing, skin, clothing),      | emergency care plan, no aspi    | rin use, family spacing, s | sibling & family relationships.          |
| [ ] Refer to appropriate agency: CO         |                                 |                            | - v *                                    |
| Next Appointment [ ] 2 months or            | •                               | Signature:                 | Date:                                    |
| Treat Appointment [ ] 2 months of           | MD                              | rgnature.                  | Date.                                    |

| Name:               |                |   | DOB:               | Actual Age:           |           |  |                          |
|---------------------|----------------|---|--------------------|-----------------------|-----------|--|--------------------------|
|                     |                | Languaş   | ge Spoken:         |                       |           | erpreter Name:                           |                          |
| Date:               |                |   |                    | 3-4 M                 | ONT       | HS                                       |                          |
| NURSING INT         | AKE            |   |                    |                       |           |  |                          |
| Height:             | Weight:        | BMI:  | HC:                | Temp:                 |           | Heart Rate:                              | Resp:                    |
| Allergies:          |                |   |                    | Growth Chart Con      | npleted   | : [ ]                                    | •                        |
| Notes:              |                |   |                    |                       |           |  |                          |
| Staying Healthy     |                | No Reviewed:                                    | Yes / No           | MA Signature          |           |  |                          |
| INTERVAL HI         | STORY          |   | C: Yes / No        |                       |           |  |                          |
| Feedings:           |                | Breastf   | eed or Bottle      | Sleep Position:       |           |  |                          |
| Illnesses:          |                |   |                    | Vision:               |           |  |                          |
| Accidents:          |                |   |                    | Hearing:              |           |  |                          |
| Stools:             |                |   |                    | Exposure to tobace    | co smol   | ke:                                      | TB Risk Yes / No         |
| GROWTH-DE           |                |   |                    |                       |           |  |                          |
|                     | ly when sittir | ıg [ ]  | Squeals or goos    |                       | [ ]       | Rolls side to side                       |                          |
| [ ] Eyes follo      |                |   | Orients to voice   |                       |           | Inspects/plays wit                       |                          |
| [ ] Grasps rat      |                | [ ]   | Brings hands to    | gether                | L.        | Shows range of fe                        | elings (joy, fear, etc.) |
| PARENTAL C          | ONCERNS:       |   |                    |                       |           |  |                          |
|                     |                |   |                    |                       |           |  |                          |
|                     |                |   |                    |                       |           |  |                          |
| PHYSICAL EX         |                |   |                    | Teeth                 |           | Grossly normal                           |                          |
| General Appeara     |                | Well nourished and de                           |                    | Heart                 |           | No murmurs, regula                       |                          |
| 11                  |                | No abuse/neglect evide                          |                    | Lungs<br>Abdomen      |           | Breath sounds norm Soft, no masses, live |                          |
|                     |                | Symmetrical, A.F. ope<br>Conjunctivae, sclerae, |                    | Genitalia: Male       |           | Normal appearance,                       |                          |
|                     |                | Red reflexes present                            | pupiis normai      | Gentana. Maie         |           | Testes in scrotum                        | ene./unene.              |
|                     |                |   | No strabismus      | Female                |           | No lesions, nl. exter                    | nal appearances          |
| I                   |                | Canals clear, TMs nor                           |                    | Hips                  |           | Good abduction, leg                      |                          |
|                     |                | Appears to hear                                 |                    | Femoral pulses        |           | Present and equal                        |                          |
| N                   | lose [ ]       | Passages patent                                 |                    | Extremities           | [ ]       | No deformities, full                     | ROM                      |
| Mouth & phar        |                | Normal color, no lesio                          |                    | Skin                  |           | Clear, no significant                    |                          |
|                     |                | Supple, no masses palj                          | pated              | Neurologic            | [ ]       | Alert, moves extrem                      | ities well               |
| ASSESSMENT          | :              |   |                    |                       |           |  |                          |
|                     |                |   |                    |                       |           |  |                          |
|                     |                |   |                    |                       |           |  |                          |
|                     |                |   |                    |                       |           |  |                          |
| PLAN:               |                |   |                    |                       |           |  |                          |
|                     |                |   |                    |                       |           |  |                          |
|                     |                |   |                    |                       |           |  |                          |
|                     |                |   |                    |                       |           |  |                          |
|                     |                |   |                    |                       |           |  |                          |
| ODDEDG              | 1 17 '         | 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1               | 1 ' 1              | /XIIC 1 .             |           |  |                          |
|                     | J Vaccine re   | actions, risks and follo                        |                    | / VIS sneets          | r         | 1 IDV                                    |                          |
| [ ] DTaP<br>[ ] HIB |                | [ ]   | HEP B<br>Rotavirus |                       | L<br>F    | ] IPV<br>] Prevnar                       |                          |
| WIC refer           | ral            | [ ]   | Nutritional asse   | ssment                | L<br>[    | ] Immunization re                        | oistry entry             |
| ANTICIPATO          |                | ICE: Circle if discu                            |                    | SSITICITE             | L_        | j miniumzation ic                        | gistry chtry             |
|                     |                | ng, solids, no milk or                          |                    |                       |           |  |                          |
| Behavior: Rolling   |                | _   |                    |                       |           |  |                          |
|                     |                | on: Rolling, playpen u                          | se burns from he   | ot liquids lead noise | ning nr   | evention                                 |                          |
|                     |                | e recumbent, URI trea                           |                    |                       |           |  | o discipline vet         |
|                     | -              | thing), family spacing,                         | -                  | •                     | vis, iali | guage sumulation, n                      | io discipinie yet.       |
| ll ·                | •              |   | •                  | •                     |           | Line many and                            | i                        |
| -                   |                | ar seat, water safety, fa                       |                    |                       |           | king prevention, slee                    | eping position.          |
|                     |                | er use, childcare plan,                         |                    |                       | lan.      |  |                          |
|                     | -              | cy: CCS, Regional Co                            | -                  |                       |           | -  |                          |
| Next Appointme      | ent [ ] 2 mon  | ths or  | MD S               | ignature:             |           | Da                                       | te:                      |

| Name:        |  |                        | DOB:              |                       |                    | Actual Age:        |                             |
|--------------|--|------------------------|-------------------|-----------------------|--------------------|--------------------|-----------------------------|
|              |  | Langua                 | ge Spoken:        |                       | Inter              | rpreter Name:      |                             |
| Date:        |  |                        |                   | <b>5-6</b> I          | MONTI              | HS                 |                             |
| NURSING      | INTAKE   |                        |                   |                       |                    |                    |                             |
| Height:      | Weight:  | BMI:                   | HC:               | Temp:                 |                    | Pulse:             | Resp:                       |
| Allergies:   |  |                        |                   | Growth Chart Co       |                    | [ ]                | •                           |
| Notes:       |  |                        |                   |                       | •                  |                    |                             |
| Staying Hea  | lthy started: Yes / No                             | o Reviewed: Y          | es / No           | MA Signature          |                    |                    |                             |
|              | L HISTORY  |                        | C: Yes / No       | Sleep position:       |                    |                    |                             |
| Diet:        |  |                        | eed or Bottle     | Stools:               |                    |                    |                             |
| Illnesses:   |  |                        |                   | Meds/ Vits:           |                    |                    |                             |
| Accidents:   |  |                        |                   | Exposure to tobac     | cco smoke:         |                    | TB Risk: Yes / No           |
|              | -DEVELOPMENT                                       |                        |                   | 1                     |                    |                    |                             |
|              | ad lag when pulled to                              | o sitting [            | Rolls over        |                       | [ ]                | Turns to rattle    | ing sounds                  |
|              | es for objects                                     | [ [                    | ] Sits briefly    | alone                 | [ ]                | Babbles            | ing sounds                  |
|              | weight on legs                                     | [                      | Gums, teeth       |                       | [ ]                | •                  | gle consonants              |
|              | L CONCERNS:  | <u> </u>               |                   |                       | <u> </u>           |                    | 8                           |
| THREITH      | L CONCERNO.  |                        |                   |                       |                    |                    |                             |
|              |  |                        |                   |                       |                    |                    |                             |
|              |  |                        |                   |                       |                    |                    |                             |
|              |  |                        |                   |                       |                    |                    |                             |
| DHVSICAI     | EXAMINATION  |                        |                   | Teeth                 | [ ] Gr/            | ossly normal       |                             |
| General App  |  | ll nourished and dev   | veloned           | Heart                 |                    | murmurs, regu      | lar rhythm                  |
| General Ap   |  | abuse/neglect evide    |                   | Lungs                 |                    | eath sounds nor    | •                           |
|              |  | nmetrical, A.F. oper   |                   | Abdomen               |                    |                    | ver & spleen normal         |
|              |  | njunctivae, sclerae, p |                   | Genitalia             |                    | rmal appearanc     |                             |
|              |  | l reflexes present     | oupiis normai     | Male                  |                    | stes in scrotum,   |                             |
|              |  | pears to see [ ] N     | lo strahismus     | Female                |                    |                    | ernal appearances           |
|              |  | nals clear, TMs norm   |                   | Hips                  |                    | od abduction, le   |                             |
|              |  | pears to hear          | 141               | Femoral pulses        |                    | esent and equal    | og length equal             |
|              |  | sages patent           |                   | Extremities           |                    | deformities, fu    | ll ROM                      |
| Mouth &      |  | rmal color, no lesion  | ıs                | Skin                  |                    | ear, no significa  |                             |
| 1,100,011 00 |  | pple, no masses palp   |                   | Neurologic            |                    | ert, moves extre   |                             |
| ASSESSMI     |  | ·,                     |                   | 11000100              | L J                |                    |                             |
| TIBBLBBITI   |  |                        |                   |                       |                    |                    |                             |
|              |  |                        |                   |                       |                    |                    |                             |
|              |  |                        |                   |                       |                    |                    |                             |
|              |  |                        |                   |                       |                    |                    |                             |
| PLAN:        |  |                        |                   |                       |                    |                    |                             |
| I LAII.      |  |                        |                   |                       |                    |                    |                             |
|              |  |                        |                   |                       |                    |                    |                             |
|              |  |                        |                   |                       |                    |                    |                             |
|              |  |                        |                   |                       |                    |                    |                             |
| ODDEDC.      | [ ] Vassins mass                                   | :                      | 1-: <i>A</i>      | / VIIC alacata airea  |                    |                    |                             |
| ORDERS:      | [ ] vaccine react                                  | ions, risks and follo  | w-up explained    | / VIS sneets given.   |                    | nization ragistr   | II onteri                   |
| [ ] Diar     | l J  | Hep B<br>Rotavirus     |                   | er 6 months) [        |                    | nization registr   | 0 mg QD, refill till age 2) |
|              | eferral [ ]  | PCV (Prevnar)          |                   | nal assessment        | [ ] <b>K</b> X 10. | r Huoride (.25/.50 | 0 mg QD, refill till age 2) |
|              |  |                        | <u> </u>          | nai assessment        |                    |                    |                             |
|              | TORY GUIDANC                                       |                        |                   | /1                    |                    |                    | harant familian familia     |
|              |  |                        |                   | /week, start with ire | on-ricn, no        | cow's milk yet,    | , breast feeding, formula.  |
|              | Begins to sit and cravications                     |                        |                   | na and toric abarri   | ical stores        | noisen serte       | ahana numbar 1aa 1          |
|              | iolence Prevention:                                | smoke detector, po     | oisoning fisk, dr | ug and toxic chemi    | icai storage,      | , poison center j  | phone number, lead          |
| poisoning p  |  | indom anonda1          | fance hat 1: !    | le and symfages 1-4   | motor to           | aholiina           | untion clooning resides     |
|              | <b>ing:</b> Safety gates, was Consistent sleep sch |                        |                   |                       |                    |                    | ention, sleeping position.  |
|              |  | edule, teething, bloc  | ks, repenuve ga   | mes, no bothe fect    | umbent, mi         | ant care (bathin   | g, skiii, ciouiing),        |
| Childcare pl | an.<br><b>autions:</b> Infant vs. t                | oddlar oar coet rore   | nt emoleine no    | ocnirin 1160          |                    |                    |                             |
|              |  |                        |                   |                       |                    |                    |                             |
|              | appropriate agency:                                | •                      | •                 |                       |                    |                    | Data                        |
| mext Appoi   | ntment [ ] 2 months                                | OL                     | MD                | Signature:            |                    |                    | Date:                       |

| Name:  | DOB:   |  | Actual Age:  |
|--|--|--|--|
|  | Language Spoken:   |  | Interpreter Name:  |
| Date:  |  | <b>7-9 MC</b>  | ONTHS  |
| NURSING INTAKE   |  |  |  |
| Height: Weight:  | BMI: HC:   | Temp:  | Pulse: Resp:   |
| Allergies:   |  | Growth Chart Comp                                    |  |
| 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 | <ul><li>[ ] Begins to creep</li><li>[ ] Looks for toys of</li><li>[ ] Teeth</li><li>[ ] Smiles at self in</li></ul>  | dropped [  | <ul> <li>Mama, Dada indiscriminately</li> <li>Hold object, transfers object hand to hand</li> <li>Pokes with index finger</li> <li>Plays peek-a-boo/pat-a-cake</li> </ul>  |
| PARENTAL CONCERNS:   |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| PHYSICAL EXAMINATION   |  | Teeth [  | ] Grossly normal   |
| [ ] No ab<br>Head [ ] Symn<br>Eyes [ ] Conju<br>[ ] Red r  | nourished and developed buse/neglect evident metrical, A.F. open cm unctivae, sclerae, pupils normal eflexes present ars to see [ ] No strabismus  | Heart [ Lungs [ Abdomen [ Genitalia: Male [ Female [ | <ul> <li>No murmurs, regular rhythm</li> <li>Breath sounds normal bilaterally</li> <li>Soft, no masses, liver &amp; spleen normal</li> <li>Normal appearance, circ./uncirc.</li> <li>Testes in scrotum</li> <li>No lesions, nl external appearances</li> </ul> |
| Ears [ ] Canal [ ] Appe  | s clear, TMs normal ars to hear ges patent   | Hips [ Femoral pulses [ Extremities [                | Good abduction Present and equal No deformities, full ROM  |
| Mouth & pharynx [ ] Norm   | al color, no lesions   | Skin [   | ] Clear, no significant lesions  |
|  | e, no masses palpated  | Neurologic [   | ] Alert, moves extremities well  |
| ASSESSMENT:  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| PLAN:  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ODDEDC F 1 W   |  | 1 / X/IC -1 ( - '                                    |  |
| [ ] DTaP [ ] Hib [ ] HCT (9-12 months) [ ] H   | PCV (Prevnar) [ ] WIC r  | fter 6 months) [ eferral [                           | Immunization registry entry<br>  Rx for fluoride (.25/.50 mg QD, refill till age 2)<br>  Nutritional assessment  |
| toxic chemical storage, poison cen   | oing, trying to pull self up.  No food chunks or hard objects the phone number, burns: hot liqued and erstands "no" but not discipling the contract of the con | nids and foods, water/pne, brush teeth, no bott      | cy, smoke detector, poisoning risk, drug and cool safety, lead poisoning prevention. le recumbent, childcare plan, breastfeeding.  |
| [ ] Refer to appropriate agency: (   | •  |  |  |
| Next Appointment [ ] 3 months of   | mD S   | Signature:   | Date:  |

| Name:  |                          | DOB:             |                         | Actual Age:                |                            |
|--|--------------------------|------------------|-------------------------|----------------------------|----------------------------|
|  | Language                 | e Spoken:        |                         | Interpreter Name:          |                            |
| Date:  |                          |                  | 10-11 N                 | MONTHS                     |                            |
| NURSING INTAKE   |                          |                  |                         |                            |                            |
| Height: Weight:  | BMI:                     | HC:              | Temp:                   | Pulse:                     | Resp:                      |
| Allergies:   | 21,11,                   | 110.             | Growth Chart Con        |                            | rtesp.                     |
| Notes:   |                          |                  |                         | 1                          |                            |
| Staying Healthy started: Yes / No  | Reviewed                 | : Yes / No       | MA Signature            |                            |                            |
| INTERVAL HISTORY   | Has WIC                  | : Yes / No       | Stools:                 |                            |                            |
| Diet:  | Breastfee                | d or Bottle      | Meds/Vits:              |                            |                            |
| Accidents:   |                          |                  |                         |                            |                            |
| Illnesses:   |                          |                  | Exposure to tobac       | co smoke:                  | TB Risk: Yes / No          |
| GROWTH-DEVELOPMENT   |                          |                  |                         |                            |                            |
| [ ] Pulls self to standing   |                          | Thumb-finger     |                         | [ ] Says Dada, Ma          | nma                        |
| [ ] Stands holding on  |                          | Plays pat-a-cal  |                         | [ ] Scribbles              |                            |
| [ ] Holds cup to drink   | [ ]                      | Walks with hel   | <u>lp</u>               |                            |                            |
| PARENTAL CONCERNS:   |                          |                  |                         |                            |                            |
|  |                          |                  |                         |                            |                            |
|  |                          |                  |                         |                            |                            |
|  |                          |                  |                         |                            |                            |
| PHYSICAL EXAMINATION   |                          |                  | Teeth                   | [ ] Grossly normal         |                            |
|  | rished and dev           | reloped          | Heart                   | [ ] No murmurs, regul      | ar rhythm                  |
|  | e/neglect evide          |                  | Lungs                   | [ ] Breath sounds norm     |                            |
|  | rical, A.F. open         |                  | Abdomen                 |                            | er & spleen normal         |
|  | ivae, sclerae, p         |                  | Genitalia: Male         | [ ] Normal appearance      |                            |
| [ ] Red refle  | exes present             | -                |                         | [ ] Testes in scrotum      |                            |
|  | to see [ ] N             |                  | Female                  | [ ] No lesions, nl exter   | rnal appearances           |
|  | lear, TMs norm           | nal              | Hips                    | [ ] Good abduction         |                            |
| [ ] Appears  |                          |                  | Femoral pulses          | [ ] Present and equal      |                            |
| Nose [ ] Passages  |                          |                  | Extremities             | [ ] No deformities, ful    |                            |
| 1 0  | color, no lesion         |                  | Skin                    | [ ] Clear, no significar   |                            |
|  | no masses palpa          | ateu             | Neurologic              | [ ] Alert, moves extrem    | ilities well               |
| ASSESSMENT:  |                          |                  |                         |                            |                            |
|  |                          |                  |                         |                            |                            |
|  |                          |                  |                         |                            |                            |
|  |                          |                  |                         |                            |                            |
| PLAN:  |                          |                  |                         |                            |                            |
|  |                          |                  |                         |                            |                            |
|  |                          |                  |                         |                            |                            |
|  |                          |                  |                         |                            |                            |
|  |                          |                  |                         |                            |                            |
|  |                          |                  |                         |                            |                            |
| <b>ORDERS:</b> [ ] Vaccine reactions,                                    |                          |                  |                         | f 1 DOW (D                 | `                          |
|  | $p \ B$ (if not up to da |                  | munization registry     |                            | (nar) (if not up to date)  |
| [ ] HCT (9-12 months) [ ] Flu  |                          |                  | C referral              | [ ] Nutritional            | assessment                 |
| Hib (if not up to date)  |                          |                  | for fluoride (.25/.50 m | ng QD, refull tall age 2)  |                            |
| ANTICIPATORY GUIDANCE: C   |                          |                  | 4 C . 1                 |                            | 1                          |
| <b>Diet:</b> Intro meats and proteins, mashed                            | a table food, fil        | nger 100as, stai | t feeder cup, milk, ji  | unk 100d, weaning, breasti | eeding,                    |
| normal decreased appetite. <b>Behavior:</b> Minor discipline, pulls to s | tonding                  |                  |                         |                            |                            |
| <b>Injury &amp; Violence prevention:</b> No h                            |                          | size of hahv's   | ninky smoke detect      | or drug and toxic chemica  | l storage poison center    |
| phone number. Childproofing: toddler                                     |                          |                  |                         |                            |                            |
| hot water temp., drowning, street safet                                  |                          |                  |                         |                            | or inquires una surraccis, |
| <b>Guidance:</b> Allow to feed self, look in                             |                          |                  |                         |                            | positioning,               |
| childcare plan.  | , F 7                    |                  | 1 8                     | 11                         | . 67                       |
| [ ] Refer to appropriate agency: CCS                                     | S, Regional Cer          | nter, Early Star | t or LEA services.      |                            |                            |
| Next Appointment [ ] 3 months or   | , 3: 30.                 | -                | Signature:              | Γ                          | Date:                      |

| Name:   | DOB:  |   | Actual Age:  |   |
|---|---|---|--|---|
|   | anguage Spoken:   | 10 15 N   | Interpreter Name:  |   |
| Date:   |   | 12-15 IV  | IONTHS   |   |
| NURSING INTAKE  |   |   |  |   |
| Height: Weight: BMI:  | HC:   | Temp:   |  | esp:  |
| Allergies:  |   | Growth Chart Com  | pleted: [ ]  |   |
| Notes: Staying Healthy started: Yes / No Re   | eviewed: Yes / No   | MA Signature  |  |   |
|   | Has WIC: Yes / No   | Stools:   |  |   |
|   | Breastfeed or Bottle  | Meds/Vits:  |  |   |
| Accidents:  | reastreed of Bottle   | TTOGS/ TES.   |  |   |
| Illnesses:  |   | Exposure to tobacco   | smoke: TB R  | isk: Yes / No                                 |
| GROWTH-DEVELOPMENT  [ ] Walks alone well  [ ] Takes lids off containers  [ ] Understands simple commands  [ ] Dada, Mama specific  PARENTAL CONCERNS:   | [ ] Feeds self, holds [ ] Plays pat-a-cake [ ] Stoops and reco [ ] Scribbles  | ;   | <ul> <li>[ ] 3-6 word vocabulary</li> <li>[ ] Indicates wants by pointin</li> <li>[ ] 2 block tower</li> <li>[ ] Waves bye-bye</li> </ul>  | g/grunting                                    |
|   |   |   |  |   |
| Eyes [ ] Conjunctivae, so [ ] Red reflexes pre  | ct evident  F. open cm clerae, pupils normal esent  No strabismus As normal   | Teeth [ Heart [ Lungs [ Abdomen [ Genitalia: Male [ Female [ Hips [ Femoral pulses [ Extremities [ Skin [ Neurologic [      | Grossly normal No murmurs, regular rhyth Breath sounds normal bilat Soft, no masses, liver & sp Normal appearance, circ./t Testes in scrotum No lesions, nl external app Good abduction Present and equal No deformities, full ROM Clear, no significant lesion Alert, moves extremities w | derally<br>deen normal<br>decirc.<br>earances |
|   |   |   |  |   |
| ORDERS: [ ] Vaccine reactions, risks ar   | nd follow-un explained  | / VIS sheet given   |  |   |
| [ ] MMR   | [ ] Hep B<br>[ ] Flu<br>[ ] Lead Blood T<br>[ ] Immunization  | est (at 12 months)  | Nutritional assessment HCT (between 9 to 12 months) Rx for fluoride (.25/.50 mg QD,  | refill till age 2)                            |
| ANTICIPATORY GUIDANCE: Circle if Diet: Table food, milk, junk food, using cup/ Behavior: Feeding self, simple games. Injury & Violence Prevention: No hard objeand toxic chemical storage, poison center phosurfaces, hot water temp., drowning, street sa prevention. Guidance: Explain temper tantrum, family prouts & bruises, childcare plan.  [ ] Refer to appropriate agency: CCS, Region | bottle, encourage solids<br>ects the size of baby's pone number. Childproof<br>fety, gun in home, hom<br>lay, masturbation, not r | oinky, toddler car sear<br>ing: safety gates, win<br>e first aid kit, matche<br>eady for toilet trainin<br>or LEA services. | dow guards, pool fence, hot liqu<br>s, cabinets and latches, lead pois<br>g, shoes, bottle, toothbrush, treat  | ids and<br>oning                              |
| Next Appointment [ ] 3 months or  | MD S  | ignature:   | Date:  |   |

| Name:  | DOB:   |  | Actual Age:  |
|--|--|--|--|
|  | Language Spoken:   |  | Interpreter Name:  |
| Date:  |  | 16-23 MO   | NTHS   |
| NURSING INTAKE   |  |  |  |
| Height: Weight: E  | BMI: HC:   | Temp:  | Pulse: Resp:   |
| Allergies:   |  | Growth Chart Complete  | ed: [ ]  |
| Notes:   |  |  |  |
| Staying Healthy started: Yes / No  | Reviewed: Yes / No   | MA Signature   |  |
| INTERVAL HISTORY   |  | Stools:  |  |
| Diet:  | Has WIC: Yes / No  | Meds/Vits:   |  |
| Illnesses:   |  | Sleep Pattern:   | The District of the Control of the C |
| Accidents:   |  | Exposure to tobacco sm   | oke: TB Risk: Yes / No   |
| GROWTH-DEVELOPMENT  [ ] Walks alone fast [ ] Walks up steps [ ] Brings object to parent to show [ ] 7-20 word vocabulary  PARENTAL CONCERNS:                           | [ ] Listens to a stor<br>[ ] Cup, little spilla<br>[ ] Uses spoon<br>[ ] Points with inde  | ge [   | ] 3 block tower ] Helps in house ] Scribbles ] Points to at least one body part  |
|  |  |  |  |
|  | hed and developed  | Teeth [ ]<br>Heart [ ]<br>Lungs [ ]  | Grossly normal, no cavities No murmurs, regular rhythm Breath sounds normal bilaterally  |
| Head [ ] Symmetrica Eyes [ ] Conjunctiva [ ] Red reflexes [ ] Appears to s Ears [ ] Canals clear [ ] Appears to l Nose [ ] Passages pa Mouth & pharynx [ ] Normal colo | al, A.F. open cm see, sclerae, pupils normal see [ ] No strabismus r, TMs normal sear  | Abdomen [ ] Genitalia: Male [ ] Female [ ] Hips [ ] Femoral pulses [ ] Extremities [ ] Skin [ ] Neurologic [ ] | Soft, no masses, liver & spleen normal Normal appearance, circ./uncirc. Testes in scrotum No lesions, nl external appearances Good abduction Present and equal No deformities, full ROM Clear, no significant lesions Alert, moves extremities well  |
| ASSESSMENT:  | nasses parparea  | rteurorogie [ ]  | There, moves extremited wer  |
|  |  |  |  |
|  |  |  |  |
| PLAN:  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| [ ] IPV (if not up to date) [ ] Hib<br>[ ] Varicella (if not to date) [ ] PPI  | aP (if not up to date) [ ] ] (if not up to date) [ ] ]  b B (if not up to date) [ ] ]  b B (if not up to date) [ ] ]  c if discussed  y: no bottle (12-15 mos), ju | Nutritional assessment Flu HCT (if high risk) Rx for fluoride (.25/.50 mg Q) unk food.                         | -  |
| <b>Injury &amp; Violence Prevention:</b> Toddler and toxic chemical storage, poison center surfaces, drowning, street safety, falls fro prevention.                    | car seat, emergency care p<br>phone number. Childproof<br>om play equipment, tables &  | lan, no hard objects the si<br>ing: safety gates, window<br>c chairs, gun in home, pro                         | ize of baby's pinky, smoke detector, drug<br>v guards, pool fence, hot liquids and<br>otect from UV light, lead poisoning  |
| Guidance: Accept negativism, reading to  |  |  | parent smoking, childcare plan.  |
| [ ] Refer to appropriate agency: CCS, R<br>Next Appointment [ ] 6 months or  | -  | or LEA services. ignature:   | Date:  |

| Name:   | DOB:                         |                             | Actual Age:                                 |  |
|---|------------------------------|-----------------------------|---|--|
|   | Language Spoken: Interpreter |                             |   |  |
| Date:   |                              | 2 YEAF                      | RS  |  |
| NURSING INTAKE  |                              |                             |   |  |
| Height: Weight: BM                                    | II: BP:                      | Temp:                       | Pulse: Resp:                                |  |
| Allergies:  |                              | Growth Chart Completed      |   |  |
| Notes:  |                              | *                           |   |  |
| Staying Healthy started: Yes / No R                   | Reviewed: Yes / No           | MA Signature                |   |  |
| INTERVAL HISTORY                                      |                              | Stools:                     |   |  |
| Diet:   | Has WIC: Yes / No            | Meds/Vits:                  |   |  |
| Illnesses:  |                              | Sleep Pattern:              |   |  |
| Accidents:  |                              | Exposure to tobacco sm      | noke: TB Risk Yes / No                      |  |
| GROWTH-DEVELOPMENT                                    |                              | 1                           |   |  |
| [ ] Runs well, walks up and down                      | [ ] Puts 2-3 words to        | ogether [                   | ] Puts on simple clothes                    |  |
| [ ] Identifies 1 body part                            | [ ] Speech half under        |                             | Handles spoon well                          |  |
| [ ] Kicks and throws a ball                           | [ ] Plays hide and se        |                             | Helps around house                          |  |
| [ ] 20 word vocabulary                                | [ ] 3 block tower            | į                           | Washes and dries hands                      |  |
| PARENTAL/PATIENT CONCERNS:                            |                              |                             |   |  |
|   |                              |                             |   |  |
|   |                              |                             |   |  |
|   |                              |                             |   |  |
| PHYSICAL EXAMINATION                                  |                              | Teeth [ ]                   | Grossly normal                              |  |
|   | ed and developed             |                             | No murmurs, regular rhythm                  |  |
| [ ] No abuse/negi                                     |                              |                             | Breath sounds normal bilaterally            |  |
| Head [ ] Symmetrical,                                 |                              |                             | Soft, no masses, liver, spleen normal       |  |
|   | , sclerae, pupils normal     |                             | Normal appearance,                          |  |
| [ ] Red reflexes p                                    |                              |                             | Testes in scrotum, circ./uncirc.            |  |
|   | e [ ] No strabismus          |                             | No lesions, nl external appearances         |  |
| Ears [ ] Canals clear,                                |                              |                             | Good abduction                              |  |
| [ ] Appears to he                                     |                              | -                           | Present and equal                           |  |
| Nose [ ] Passages pater                               | nt                           | Extremities [ ]             | No deformities, full ROM                    |  |
| Mouth & pharynx [ ] Normal color,                     | , no lesions, no cavities    | Skin [ ]                    | Clear, no significant lesions               |  |
| Neck [ ] Supple, no ma                                | asses palpated               | Neurologic [ ]              | Alert, moves extremities well               |  |
| ASSESSMENT:   |                              |                             |   |  |
|   |                              |                             |   |  |
|   |                              |                             |   |  |
| PLAN:   |                              |                             |   |  |
|   |                              |                             |   |  |
|   |                              |                             |   |  |
|   |                              |                             |   |  |
| ORDERS: [ ] Vaccine reactions, risks                  | and follow-up explained /    | VIS sheet given             |   |  |
|   |                              | PPD                         | [ ] WIC referral                            |  |
|   |                              | Flu (check recommendations) | Nutritional assessment                      |  |
|   |                              | HCT (if high risk)          | Lead Blood Test (at 12 months)              |  |
|   |                              | IPV (if not up to date)     | [ ] Immunization registry entry             |  |
| [ ] Rx for fluoride (.25/.50 mg QD, refill till age 2 |                              | r (if not up to dute)       | [ ] minimization registry entry             |  |
| ANTICIPATORY GUIDANCE: Circle                         |                              |                             |   |  |
| <b>Diet:</b> Regular meals with snacks, iron-rich     |                              | lance, switch to low fat m  | nilk, nutritional counseling.               |  |
| <b>Behavior:</b> Runs but falls easily, loves roug    |                              |                             | ,   |  |
| Injury & Violence Prevention: Street dan              |                              | _                           | e of drugs, toxic chemicals, matches, guns, |  |
| smoke detector, hot water temp.                       | •                            |                             | - ' '                                       |  |
| Guidance: Accept negativism, start toilet             | training, parallel peer play | , monitor TV programs, b    | brush teeth, dentist, effects of            |  |
| passive smoking, protect skin from UV ligh            |                              |                             |   |  |
| Safety Precautions: Toddler car seat, win             | dow guards, pool fence, bi   | ike helmet, play equipmen   | nt, lead poisoning prevention.              |  |
| [ ] Refer to appropriate agency: CCS, Re              | egional Center, Early Start  | or LEA services.            |   |  |
| Return for Hep A #2 in 6 Months                       |                              |                             |   |  |
| Next Appointment [ ] 1 year or                        | MD Sig                       | gnature:                    | Date:                                       |  |

| Name:  | DOB:                         |  | Actual Age:                                 |
|--|------------------------------|--|---|
|  | Language Spoken:             |  | Interpreter Name:                           |
| Date:  |                              | 3 YEA                                  | RS  |
| NURSING INTAKE                                 |                              |  |   |
| Height: Weight:                                | BMI: BP:                     | Temp:                                  | Pulse: Resp:                                |
| Allergies:                                     |                              | Growth Chart Complet                   |   |
| 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:                                     |                              | •                                      | neart disease, high cholesterol, DM, asthma |
| Meds./Vits.:                                   |                              | Exposure to tobacco sn                 |   |
| GROWTH-DEVELOPMENT                             |                              |  |   |
| [ ] Goes up stairs alternating feet            | [ ] Helps in dressi          | nσ                                     | [ ] 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                             |                              | ands, brushes teeth                    | Cuts with scissors                          |
| Balance on each foot, 1 second                 | Separates from               |  | Copies +                                    |
| PARENTAL/PATIENT CONCERNS                      |                              |  | [ ] septem :                                |
| THE THE THE TENTER OF THE TENTE                | <b>'•</b>                    |  |   |
|  |                              |  |   |
| PHYSICAL EXAMINATION                           |                              | Teeth [ ]                              | Grossly normal, no cavities                 |
|  | shed and developed           | Heart [ ]                              | No murmurs, regular rhythm                  |
|  | neglect evident              | Lungs [ ]                              | Breath sounds normal bilaterally            |
|  | eal, A.F. closed             | Abdomen [ ]                            | Soft, no masses, liver & spleen normal      |
|  | vae, sclerae, pupils normal  | Genitalia: Male [ ]                    | Normal appearance, circ./uncirc.            |
| [ ] Red reflex                                 |                              | Contana. Maic [ ]                      | Testes in scrotum                           |
|  | see [ ] No strabismus        | Female [ ]                             | No lesions, nl external appearances         |
|  | ar, TMS normal               | Hips [ ]                               | Good abduction                              |
| Ears [ ] Canais clears to                      |                              | Femoral pulses [ ]                     | Present and equal                           |
| Nose [ ] Passages p                            |                              | Extremities [ ]                        | No deformities, full ROM                    |
|  | lor, no lesions, no cavities | Skin [ ]                               | Clear, no significant lesions               |
| 1  | masses palpated              | Neurologic [ ]                         | Alert, moves extremities well               |
|  | masses parpateu              | Neurologic [ ]                         | Aleit, moves extremities wen                |
| ASSESSMENT:                                    |                              |  |   |
|  |                              |  |   |
|  |                              |  |   |
|  |                              |  |   |
| PLAN:  |                              |  |   |
|  |                              |  |   |
|  |                              |  |   |
|  |                              |  |   |
|  |                              |  |   |
| <b>ORDERS:</b> [ ] Vaccine reactions, ri       | sks and follow-up explained  | d / VIS sheet given.                   |   |
| [ ] HCT (if high risk)                         | [ ] Flu (check recomme       |  | [ ] Immunizations (if not up to date)       |
| [ ] Vision screening yearly (objective)        | [ ] Lead Blood Te            | St (if not in chart)                   | [ ] Immunization Registry                   |
| [ ] Audiometry (subjective)                    | [ ] Lipid Profile (if        | high risk)                             | [ ] MCV                                     |
| [ ] PPD  | [ ] Dental Referral          | l given                                | [ ] WIC Referral                            |
| [ ] Rx for fluoride drops/chewable ta          |                              |  |   |
| ANTICIPATORY GUIDANCE: Cir                     | cle if discussed             |  |   |
| <b>Diet:</b> Regular meals with snacks, calori |                              | iron, nutritional counseli             | ng.   |
| <b>Behavior:</b> Fast moving, value judgmen    |                              |  |   |
|  |                              | •                                      | s, falls, drowning, caution with strangers, |
| smoke detector, hot water temp, window         |                              |  |   |
| toxic chemicals, matches, and guns, em         |                              |  | content priorie, storage or arags,          |
| Guidance: Role of father, B&B probler          |                              |  | teeth dentist UV skin protection            |
| parent smoking, childcare plan.                | , stattering, 1 + programs   | , 105 and chololoc, blush              | definition, or skin protection,             |
| [ ] Refer to appropriate agency: CCS,          | Regional Center Forly Stee   | t or I FA services                     |   |
|  |                              |  | Data  |
| Next Appointment [ ] 1 year or                 | MD S                         | ignature:                              | Date:                                       |

| Name:  | DOB:                          |                            | Actual Age:                                   |  |  |
|--|-------------------------------|----------------------------|---|--|--|
|  | Language Spoken:              |                            | Interpreter Name:                             |  |  |
| Date:  | 4-5 YEARS                     |                            |   |  |  |
| NURSING INTAKE                                       |                               |                            |   |  |  |
|  | BMI: BP:                      | Temp:                      | Pulse: Resp:                                  |  |  |
| Allergies:   |                               | Growth Chart Compl         | leted: [ ]                                    |  |  |
| Notes:   |                               |                            |   |  |  |
| Staying Healthy started: Yes / No                    | Reviewed: Yes / No            | MA Signature               |   |  |  |
| INTERVAL HISTORY                                     |                               | Fatigue, nightmares, e     | enuresis:                                     |  |  |
| Diet:  | Has WIC: Yes / No             | Stools:                    |   |  |  |
| Illnesses:   |                               | Sleep Pattern:             | Seeing dentist: Yes / No                      |  |  |
| Accidents:   |                               |                            | , heart disease, high cholesterol, DM, asthma |  |  |
| Meds./Vits.:   |                               | Exposure to tobacco s      | smoke: TB Risk: Yes / No                      |  |  |
| GROWTH-DEVELOPMENT                                   |                               |                            |   |  |  |
| [ ] Hops on one foot                                 |                               | [ ] Plays with sever       |   |  |  |
| [ ] Counts 4 pennies                                 |                               | [ ] Recognizes 3-4         |   |  |  |
| [ ] Copies a square                                  |                               | [ ] Knows opposite         |   |  |  |
| [ ] Catches, throws a ball                           |                               | [ ] Knows name, a          | ddress, phone no.                             |  |  |
| PARENTAL/PATIENT CONCERNS:                           |                               |                            |   |  |  |
|  |                               |                            |   |  |  |
|  |                               |                            |   |  |  |
| PHYSICAL EXAMINATION                                 |                               | Teeth [                    | ] Grossly normal, no cavities                 |  |  |
| General Appearance [ ] Well nouris                   | hed and developed             | Heart [                    | ] No murmurs, regular rhythm                  |  |  |
|  | eglect evident                | Lungs [                    | ] Breath sounds normal bilaterally            |  |  |
| Head [ ] Symmetrica                                  |                               | Abdomen [                  | ] Soft, no masses, liver & spleen normal      |  |  |
|  | ae, sclerae, pupils normal    | Genitalia: Male [          | ] Normal appearance, circ./uncirc.            |  |  |
| [ ] Red reflexe                                      |                               | [                          | ] Testes in scrotum                           |  |  |
|  | see [ ] No strabismus         | Female [                   | ] No lesions, nl external appearances         |  |  |
|  | r, TMs normal                 | Hips [                     | ] Good abduction                              |  |  |
| [ ] Appears to                                       | hear                          | Femoral pulses [           | ] Present and equal                           |  |  |
| Nose [ ] Passages pa                                 |                               | Extremities [              | ] No deformities, full ROM                    |  |  |
| Mouth & pharynx [ ] Normal col-                      | or, no lesions, no cavities   | Skin [                     | ] Clear, no significant lesions               |  |  |
| Neck [ ] Supple, no                                  | masses palpated               | Neurologic [               | ] Alert, moves extremities well               |  |  |
| ASSESSMENT:  |                               |                            |   |  |  |
|  |                               |                            |   |  |  |
|  |                               |                            |   |  |  |
| PLAN:  |                               |                            |   |  |  |
|  |                               |                            |   |  |  |
|  |                               |                            |   |  |  |
| <b>ORDERS:</b> [ ] Vaccine reactions, ris            | ks and follow-up explained    | / VIS sheet given          |   |  |  |
| [ ] DTAP   | UA (at 5 years                |                            | [ ] Lipid Profile (if high risk)              |  |  |
| [ ] IPV  |                               | ening (yearly)             | [ ] PPD                                       |  |  |
| [ ] Hep B (if not previously done)                   | [ ] Audiometry                | (at 4 and 5 years)         | [ ] WIC Referral given                        |  |  |
| [ ] MMR  |                               | Test (if not in chart)     | [ ] Dental Referral given                     |  |  |
| [ ] Varicella (if not up to date or history date doc | numented) [ ] Flu (check reco | ommendations)              | [ ] PPSV                                      |  |  |
| Hep A (if not previously done)                       | [ ] Immunizati                | on Registry entry          | [ ] MCV                                       |  |  |
| [ ] HCT (if high risk)                               |                               | ride drops/chewable tab    |   |  |  |
| ANTICIPATORY GUIDANCE: Circ                          |                               | 1                          | · · · · · · · · · · · · · · · · · · ·         |  |  |
| <b>Diet/Activity:</b> Regular balanced meals v       |                               | sweets Fe Na meals         | socialization school lunch program            |  |  |
| nutritional counseling, physical activity of         |                               | , sweets, 1 e, 14a, mear s | socialization, school fallen program,         |  |  |
|  |                               | ing caution with strang    | gers, smoke detector, hot water temp, window  |  |  |
| guards, pool fence, bike helmet, poison of           |                               |                            |   |  |  |
| prevention.  | emer phone, storage or dru    | o, come enemicais, ma      | tenes, and game, carno, read personning       |  |  |
| -  | no plays with other child     | ren, imitates adults, hon  | nest & simple answers re sex, dressing self,  |  |  |
|  |                               |                            | protection, Dentist Q 1 yr., parent smoking,  |  |  |
| strangers, school readiness, seat belt use,          |                               |                            | procession, Demoit & 1 Jr., parent smoking,   |  |  |
| [ ] Refer to appropriate agency: CCS, F              |                               |                            |   |  |  |
| Next Appointment [ ] 1 year or                       | _                             | ignature:                  | Date:   |  |  |
| 11 L 3 J   |                               | _                          |   |  |  |

| Name:                                 |   |                                      | DOB:                  |                           |           | Actual Age:           |   |
|---------------------------------------|---|--------------------------------------|-----------------------|---------------------------|-----------|-----------------------|---|
|                                       |   | Language                             | e Spoken:             |                           |           | terpreter Name: _     |   |
| Date:                                 |   |                                      |                       | 6-8 Y                     | YEA       | RS                    |   |
| NURSING INT                           | TAKE  |                                      |                       |                           |           |                       |   |
| Height:                               | Weight:   | BMI:                                 | BP:                   | Temp:                     |           | Pulse:                | Resp:   |
| Allergies:                            |   |                                      |                       | Growth Chart Cor          | mpleted   | l: [ ]                | •   |
| Notes:                                |   |                                      |                       |                           |           |                       |   |
|                                       | started: Yes / No                               | Reviewed:                            | Yes / No              | MA Signature              |           |                       |   |
| INTERVAL H                            | ISTORY  |                                      | _                     | Meds/Vits:                |           |                       |   |
| Diet:                                 |   |                                      |                       | Weight loss/gain:         |           | See                   | ing dentist: Yes / No                           |
| Appetite:                             | ah haadaaha                                     |                                      |                       | Accidents:                | ITN ha    | out disassa high o    | holostaval DM osthma                            |
| Illnesses, stomac<br>Fatigue, nightma |   |                                      |                       | Exposure to tobac         |           |                       | holesterol, DM, asthma<br>Risk: Yes / No        |
|                                       |   | SS Achievement, sp                   | orts near relations   |                           |           |                       |   |
| GROWIII/SCI                           | HOOL I ROOKE                                    | 33 Achievement, sp                   | orts, peer relationsi | mp, attendance, senc      | 001 VISIO | ii or nearing probler | n, attenuance.                                  |
|                                       |   |                                      |                       |                           |           |                       |   |
|                                       |   |                                      |                       |                           |           |                       |   |
| PARENTAL/P.                           | ATIENT CONCI                                    | ERNS:                                |                       |                           |           |                       |   |
|                                       |   |                                      |                       |                           |           |                       |   |
|                                       |   |                                      |                       |                           |           |                       |   |
| PHYSICAL EX                           |   |                                      |                       |                           |           |                       |   |
| General Appeara                       |   | nourished and dev                    |                       | Breast (female)           | [ ]       |                       | er stage I II III IV V                          |
| τ.                                    |   | buse/neglect evider                  | nt                    | Lungs                     |           | Clear to ausculta     |   |
|                                       |   | esions<br>Di conjunctivos 8          | r coloreo algor       | Abdomen<br>Genitalia      |           | Soft, no masses,      | liver & spleen normal<br>er stage I II III IV V |
| 1                                     |   | RL, conjunctivae & on grossly normal | scierae ciear         | Male                      | L J       |                       | Testes in scrotum                               |
| 1                                     |   | ls Clear, TMs norn                   | nal                   | Female                    | [ ]       |                       | ternal appearances                              |
| 1                                     |   | ing grossly normal                   |                       | Femoral pulses            | [ ]       | Normal                | terriar appearances                             |
| N                                     |   | ages clear, MM pin                   | k, no lesions         | Extremities               | [ ]       | No deformities, f     | full ROM  |
| T                                     |   | sly normal, no cavi                  |                       | Lymph nodes               | [ ]       | Not enlarged          |   |
| N                                     |   | le, no masses, thyr                  | oid not enlarged      | Back                      | [ ]       | No scoliosis          |   |
|                                       |   | metrical                             |                       | Skin                      | [ ]       | Clear, no signific    |   |
|                                       |   | rganic murmurs, re                   | gular rhythm          | Neurologic                | [ ]       | Alert, no gross se    | ensory or motor deficit                         |
| ASSESSMENT                            |   |                                      |                       |                           |           |                       |   |
|                                       |   |                                      |                       |                           |           |                       |   |
|                                       |   |                                      |                       |                           |           |                       |   |
| DY 437                                |   |                                      |                       |                           |           |                       |   |
| PLAN:                                 |   |                                      |                       |                           |           |                       |   |
|                                       |   |                                      |                       |                           |           |                       |   |
|                                       |   |                                      |                       |                           |           |                       |   |
|                                       |   |                                      |                       |                           |           |                       |   |
|                                       |   |                                      |                       |                           |           |                       |   |
|                                       |   | ons, risks and follow                |                       | VIS sheets given          |           |                       |   |
| [ ] DTaP (if no                       | -   |                                      | ] HCT                 |                           |           | 1                     | ofile (if high risk)                            |
| [ ] IPV (if not u                     | -   | Ĺ                                    | ] Flu (check record   | mmendations)              |           | [ ] MMR               |   |
| [ ] Hep B (if no                      | ot up to date)<br>(if not up to date or history | L data dagumantad)                   | ] MCV<br>] Audiometry |                           |           | [ ] PPD<br>[ ] UA     |   |
| [ ] Hep A (if n                       |   | date documented)                     | Dental refer          | ral given                 |           |                       | screening                                       |
|                                       | tion Registry Entr                              | v ſ                                  |                       | ide (.50/1.0 mg QD till a | nge 14)   | [ ] VISION S          | screening                                       |
|                                       |   | Circle if discusse                   |                       | (.50) 1.0 mg QD till a    | .gc 1-1)  |                       |   |
|                                       |   |                                      |                       | ric balance, nutriti      | ional co  | unseling, physical    | activity counseling.                            |
|                                       |   | Seat belt use, Swim                  |                       |                           |           |                       |   |
| detector, storage                     | e of guns, drugs, to                            | oxic chemicals, mat                  | ches.                 |                           |           |                       |   |
|                                       |   | smoking, early sex                   |                       |                           |           | shing, dentist, UV    | skin protection,                                |
|                                       |   | ent, fun, friends, fa                |                       |                           | use.      |                       |   |
| [ ] Refer to app                      | propriate agency:                               | CCS, Regional Cer                    | nter, Early Start o   | r LEA services.           |           |                       |   |
| Next Appointme                        | ent [ ] 1 year or                               |                                      | MD Sig                | nature:                   |           |                       | Date:   |

| 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:  |           |
| Tobacco/alcohol/drug use: Family history: HTN, heart disease, high cholesterol, DN   |           |
| Sexual activity: Menarche: TB risk: Yes /  |           |
| GROWTH/SCHOOL PROGRESS (Risk questions for 12 year olds need to be asked). Achievement, sports, peer relationship  | s (a best |
| friend?), school vision or hearing problem, attendance, learning from mistakes, coordination, :  |           |
|  |           |
| PARENTAL/PATIENT CONCERNS:   |           |
| TARENTAL/TATIENT CONCERNS.   |           |
|  |           |
| PHYSICAL EXAMINATION   |           |
| General Appearance [ ] Well nourished and developed Breast (female) [ ] No masses, Tanner stage I II I   | II IV V   |
| [ ] No abuse/neglect evident Lungs [ ] Clear to auscultation bilaterally   |           |
| Head [ ] No lesions Abdomen [ ] Soft, no masses, liver & spleen  |           |
| Eyes [ ] PERRL, conjunctivae & sclera clear Genitalia [ ] Grossly nl, Tanner stage I II I  |           |
| [ ] Vision grossly normal Male [ ] Circ./uncirc. [ ] Testes in scr   |           |
| Ears [ ] Canals Clear, TMs normal Female [ ] No lesions, nl external appearan  | ices      |
| [ ] Hearing grossly normal Femoral pulses [ ] Normal  Nose [ ] Passages clear, MM pink, no lesions Extremities [ ] No deformities, full ROM  |           |
| Teeth [ ] Grossly normal, no cavities  |           |
| 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   | r 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 recommendation)   |           |
| [ ] Tdap booster (if not up to date) [ ] Audiometry (Objective 9,10, 12 years) [ ] Immunization Registr  |           |
| [ ] 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  | ty        |
| counseling   | . 1       |
| Injury & Violence Prevention: bike helmet, water safety, car safety, smoke detector, storage of guns, drugs, toxic chemicals,  |           |
| <b>Guidance:</b> Bed time, discipline, smoking, drug and ETOH avoidance education, family life education, early sex education, pu abstinence, regular exercise – 3 times a week, health decisions, TV, school, fun, friends, UV light protection, brushing teeth, do |           |
| yearly, sexual abuse and violence protection, seat belt.   | .11USt    |
| [ ] 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:  |                  |
|--|---|--------------------------------|--|------------------|
| Date:  | Language Spoken:                              | 13-16                          | Interpreter Name: YEARS  |                  |
|  |   | 10 10                          |  |                  |
| NURSING INTAKE   |   |                                |  |                  |
| <u> </u>   | BMI: BP:                                      | Temp:                          | Pulse:   | Resp:            |
| Allergies:   |   | Growth Chart Complet           | ed: [ ] LMP:   |                  |
| 7 0 7  | Reviewed: Yes / No                            | MA Signature                   |  |                  |
| INTERVAL HISTORY (alone or with )  | parent)                                       | Meds/Vits:                     |  |                  |
| Diet:  |   | Weight loss/gain:              | Menarc   | che:             |
| Appetite:  |   | Physical Activity:             |  |                  |
| Exposure to tobacco smoke:   |   | Accidents:                     |  | tist: Yes / No   |
| Tobacco/alcohol/drug use:  |   |                                | neart disease, high cholestero1  |                  |
| Sexual activity:   |   | Illnesses, stomach, hea        | , &  | Risk: Yes / No   |
| GROWTH/SCHOOL PROGRESS (R<br>hobbies, school vision or hearing problem, p.         |   |                                |  | ips, attendance, |
|  |   |                                |  |                  |
|  |   |                                |  |                  |
|  |   |                                |  |                  |
| PARENTAL/PATIENT CONCERNS  |   |                                |  |                  |
|  |   |                                |  |                  |
|  |   |                                |  |                  |
| PHYSICAL EXAMINATION   |   | Female                         | [ ] Pap done   |                  |
|  | shed and developed                            | Breast (female)                | [ ] No masses, Tanner stag   |                  |
|  | eglect evident                                | Lungs                          | [ ] Clear to auscultation bi   |                  |
| Head [ ] No lesions  |   | Abdomen                        | [ ] Soft, no masses, liver &   |                  |
|  | njunctivae & sclerae cle                      |                                | [ ] Grossly nl, Tanner stag  |                  |
| [ ] Vision gros  |   | Male                           | [ ] Circ./uncirc. [ ] Tes  |                  |
|  | ar, TMs normal                                | Female                         | [ ] No lesions, nl external  | appearances      |
|  | ossly normal                                  | Femoral pulses SExtremities    | Normal  No deformities full DC   | )M               |
| Teeth [ ] Grossly no.  | ear, MM pink, no lesions                      | Lymph nodes                    | <ul><li>[ ] No deformities, full RC</li><li>[ ] Not enlarged</li></ul> | JIVI             |
|  | masses, thyroid not enlar                     |                                | No scoliosis   |                  |
| Chest [ ] Symmetric  |   | Skin                           | [ ] Clear, no significant le   | sions            |
|  | murmurs, regular rhythr                       |                                | Alert, no gross sensory  |                  |
| ASSESSMENT:  | , <u>, , , , , , , , , , , , , , , , , , </u> | <u> </u>                       |  |                  |
| 11002001121111   |   |                                |  |                  |
|  |   |                                |  |                  |
| PLAN:  |   |                                |  |                  |
| I DANG   |   |                                |  |                  |
|  |   |                                |  |                  |
|  |   |                                |  |                  |
| ODDEDC: [ ] Vassins assetions sign   | 1 d f111                                      |                                |  |                  |
| ORDERS: [ ] Vaccine reactions, ris   |   | nunization registry entry      | UA (yearly)  |                  |
| MMR (if not up to date)  |   | ion screening (objective at 15 | E 3 0 37   | commendations)   |
| Varicella (if not up to date or history date do                                    |   | liometry (objective at 15 yrs  |  |                  |
| Hep A (if not given previously)  |   | for fluoride (.50/1.0 mg QD t  |  |                  |
| HCT (once between 11 to 21 years)  |   | For Folic Acid 1 mg qd. (if    |  | _                |
| [ ] GC, Chlamydia, VDRL, Pap (if sexu  |   | insel re HIV (test if at risk) | [ ] Tdap (if not u   |                  |
| MVC4 (if not up to date)   |   | (if not up to date)            |  | •                |
| ANTICIPATORY GUIDANCE: Circ  | le if discussed                               |                                |  |                  |
| Diet: Fat (esp. sat. & chol.), Na, Fe, Ca. Accident prevention: Safety helmet, ris | caloric balance, appropr                      |                                |  |                  |
| Guidance: Smoking, alcohol, marijuana  |   |                                |  |                  |
| (partner selection, condoms, contraception   |   |                                |  |                  |
| <b>Personal Development:</b> Physical, grow  |   | •                              | ,  |                  |
| Safety Precautions: Seat belt use, self  |   |                                |  |                  |
| [ ] Refer to appropriate agency: CCS, ]  |   |                                |  |                  |
| [ ] Refer to drug/ETOH rehab, stop smo   |   |                                | other  | _                |
| Next Appointment [ ] 1 year or   | _   | O Signature:                   | Date:  |                  |

| Name:   | DOB:   |   | Actual Age:   |  |
|---|--|---|---|--|
| Date:   | Language Spoken:                                     | 17-20   | _ Interpreter Name: YEARS                                     |  |
| NURSING INTAKE  |  |   |   |  |
| Height: Weight:   | BMI: BP:   | Temp:   | Pulse:  | Resp:                                      |
| Allergies:  |  | Advance Directive Edu                                     |   |  |
| Notes:  |  |   | ,   |  |
| Staying healthy started: Yes / No   | Review: Yes / No                                     | MA Signature  |   |  |
| INTERVAL HISTORY (alone or wi   | th parent)   | Meds/Vits:  |   | LMP:                                       |
| Diet:   | · · · · · · · · · · · · · · · · · · ·                | Weight loss/gain:   |   | Menarche:                                  |
| Appetite:   |  | Illnesses, stomach, hea                                   | dache, fatigue:   |  |
| Tobacco/alcohol/drug use:   |  | Accidents:  | Seeing  | dentist: Yes / No                          |
| Exposure to tobacco smoke:  |  | Family history: HTN, 1                                    | neart disease, high cho                                       | lesterol, DM, asthma                       |
| Sexual activity:  |  | Physical Activity:  | T   | B Risk: Yes / No                           |
| GROWTH/SCHOOL PROGRESS (I attendance, after high school plans, vision of                      | Risk questions should be r hearing problems, demonst | <b>asked).</b> Achievement, sp rates capacity for empathy | orts, peer relationships, h /intimacy/reciprocity, sel        | obbies, school achievement,<br>f-identity: |
| DADENITAT /DATIENIT CONCEDNO  | y.   |   |   |  |
| PARENTAL/PATIENT CONCERNS   | ) <b>.</b>   |   |   |  |
|   |  |   |   |  |
| PHYSICAL EXAMINATION  |  | Female  | [ ] Pap done  |  |
|   | ished and developed                                  | Breast (female)   |   | nner stage I II III IV V                   |
|   | neglect evident                                      | Lungs   |   | tation bilaterally                         |
| Head [ ] No lesions   |  | Abdomen   |   | s, liver & spleen normal                   |
|   | onjunctivae & sclerae clea                           | ar Genitalia-Male   |   | nner stage I II III IV V                   |
|   | ossly normal   | Male  |   | [ ] Testes in scrotum                      |
|   | ear, TMs normal                                      | Genitalia-Female  |   | nner Stage I II III IV V                   |
|   | rossly normal  | Femoral pulses  | [ ] Normal  | CHROM                                      |
|   | elear, MM pink, no lesions ormal, no cavities        | Extremities Lymph nodes                                   | <ul><li>[ ] No deformities</li><li>[ ] Not enlarged</li></ul> | , full ROM                                 |
|   | masses, thyroid not enlar                            |   | No scoliosis  |  |
| Chest [ ] Symmetric   |  | Skin  | [ ] Clear, no signif  | ficant lesions                             |
|   | c murmurs, regular rhythn                            |   |   | sensory or motor deficit                   |
| ASSESSMENT:   | <u> </u>   |   |   |  |
|   |  |   |   |  |
|   |  |   |   |  |
| PLAN:   |  |   |   |  |
|   |  |   |   |  |
|   |  |   |   |  |
| <b>ORDERS:</b> [ ] Vaccine reactions, ri  | sks and follow-up explain                            | ned / VIS sheets to be gi                                 | ven.  |  |
| [ ] HCT (yearly if menstruating)  | 1 1  | _   | mg qd (ordered if female)                                     |  |
| [ ] PPSV (high risk)  |  | [ ] Lipid profile   |   |  |
| UA (yearly)   |  | [ ] Nutritional A   |   |  |
| Flu (check recommendations)   |  | [ ] Dental Refer  | _   |  |
| [ ] Immunization (if not up to date)  |  |   | n registry entry  |  |
| <ul><li>[ ] Meningoccal (for college)</li><li>[ ] Counsel re: HIV (test if at risk)</li></ul> |  | [ ] HPV (if not up  | o date)<br>dia, VDRL, Pap (if sexua                           | 11 (2.)                                    |
| Vision screening (objective 18 years)   |  |   | (objective 18 years)  | ally active)                               |
| ANTICIPATORY GUIDANCE: Cir  | ala if diagrama                                      | [ ] Audiometry  | (objective 18 years)  |  |
| <b>Diet/Activity:</b> Obesity, eating disorder  |  | ounceling physical activ                                  | vity counseling   |  |
| <b>Accident Prevention:</b> Seat belt use, sa   |  |   |   | ehicle safetv.                             |
| Guidance: Smoking, alcohol, marijuar  |  |   |   |  |
| selection, condoms, contraception, AID  |  |   |   |  |
| Personal Development: Independence  |  |   | ÷ · · · · · · · · · · · · · · · · · · ·                       |  |
| Adult Health Care: Transitioning to a   |  |   | m.  |  |
| [ ] Refer to appropriate agency: CCS,   | Regional Center, Early St                            | tart or LEA services.                                     | <del></del>   |  |
| [ ] Refer to drug/ETOH rehab, stop sm   | •  |   | other   |  |
| Next Appointment [ ] 1 year or  | MI   | O Signature:  |   | Date:                                      |

| Name:   | DOB:                     |                         |           | Actual Age     | :                                       |             |
|---|--------------------------|-------------------------|-----------|----------------|---|-------------|
| Langu   | uage Spoken:             |                         | Int       | erpreter Name  | :                                       |             |
| Date:   |                          | 21 – 39 YEAR            | RS –      | FEMALE         | E                                       |             |
| ATDODIC DIELYE                                      |                          |                         |           |                |   |             |
| NURSING INTAKE Height: Weight: BMI:                 | BP:                      | Tomp                    |           | Pulse:         | Dagne                                   |             |
| Height: Weight: BMI:                                |                          | Temp: Advance Directive | Educa     |                | Resp:                                   |             |
| Notes:  |                          | Advance Directive       | Educa     | uon. 1es/ No   |   |             |
|   | w: Yes / No              | MA Cionatura            |           |                |   |             |
| · · ·   | w: res/no                | MA Signature            |           |                |   |             |
| NTERVAL HISTORY                                     | -                        | Meds/Vits:              |           |                |   |             |
| Diet:   |                          | Weight loss/gain:       |           |                |   |             |
| Appetite:   |                          | Tobacco/alcohol/dr      | rug use   | 2:             |   |             |
| Physical Activity:                                  |                          | Accidents:              | TN T 1    | . 1. 1.        | 1 1 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . | <i>f</i> .1 |
| llnesses, stomach, headache, fatigue:               | .0. 11                   | Family history: HT      |           |                | th cholesterol, DN                      | A, asthma   |
| Menarche: G P A Hx of Breas                         | stfeeding:               | Exposure to tobacc      |           | ke:            | ~                                       | /           |
| Sexual activity: LMP                                |                          | TB Risk: Yes / No       |           |                | Seeing dentist:                         | Yes / No    |
| MMR:  |                          | History of depressi     | ion?      |                |   |             |
| Varicella or Chicken Pox Hx Date:                   |                          | Date of last Td:        |           |                |   |             |
| PATIENT CONCERNS:                                   |                          |                         |           |                |   |             |
|   |                          |                         |           |                |   |             |
|   |                          |                         |           |                |   |             |
|   |                          |                         |           |                |   |             |
| PHYSICAL EXAMINATION                                |                          |                         |           |                |   |             |
| General Appearance [ ] Well nourished and           | developed                | Breast (female)         | [ ]       | No masses      |   |             |
| [ ] No abuse/neglect evi                            |                          | Lungs                   | i i       | Clear to auscu | ultation bilaterally                    | V           |
| Head [ ] No lesions                                 |                          | Abdomen                 |           |                | es, liver & spleen                      |             |
| Eyes [ ] PERRL, conjunctiva                         | ie & sclerae clear       | Genitalia               |           | Grossly nl     | , 1                                     |             |
| [ ] Vision grossly norm                             |                          | Female                  |           |                | external appeara                        | nces        |
| Ears [ ] Canals Clear, TMs n                        |                          | Female                  |           | Rectal         | 11                                      |             |
| [ ] Hearing grossly norm                            |                          |                         | ίí        | Pap            |   |             |
| Nose [ ] Passages clear, MM                         |                          | Femoral pulses          |           | Normal         |   |             |
| Teeth [ ] Grossly normal, no c                      |                          | Extremities             | [ ]       | No deformitie  | es, full ROM                            |             |
| Neck [ ] Supple, no masses, t                       | hyroid not enlarged      | Lymph nodes             | [ ]       | Not enlarged   |   |             |
| Chest [ ] Symmetrical                               |                          | Back                    | [ ]       | No scoliosis   |   |             |
| Heart [ ] No organic murmurs                        | s, regular rhythm        | Skin                    |           | Clear, no sign | ificant lesions                         |             |
|   |                          | Neurologic              | [ ]       | Alert, no gros | s sensory or moto                       | or deficit  |
| ASSESSMENT:   |                          |                         |           |                |   |             |
|   |                          |                         |           |                |   |             |
|   |                          |                         |           |                |   |             |
| PLAN:   |                          |                         |           |                |   |             |
| LAIN.   |                          |                         |           |                |   |             |
|   |                          |                         |           |                |   |             |
|   |                          |                         |           |                |   |             |
|   |                          |                         |           |                |   |             |
|   |                          |                         |           |                |   |             |
|   |                          |                         |           |                |   |             |
| <b>ORDERS:</b> [ ] Vaccine reactions, risks and fo  |                          |                         |           |                |   |             |
| ] MMR   | ] Varicella (if no histo | ory date)               | Ĺ         |                | lic Acid 1 mg qd                        |             |
| UA (yearly)   | ] Flu (if high risk)     |                         | Į         |                | le (repeat every five ye                | ars)        |
| ] PPD [   | ] Pneumo (if high risk   |                         | Ĺ         | J Nutritional  | Assessment                              |             |
| Td (if not up to date)                              | ] Dental Referral g      |                         |           |                |   |             |
| Counsel re: HIV (test if at risk)                   |                          | VDRL, Pap (if sexually  | y active) |                |   |             |
| ANTICIPATORY GUIDANCE: Circle if disci              |                          |                         |           |                |   |             |
| Correct diet: Obesity, eating disorders, and junk   |                          |                         |           |                |   |             |
| Accident prevention: Seat belt use, safety helme    |                          |                         |           |                |   |             |
| Guidance: Smoking, alcohol, marijuana, cocaine      |                          |                         |           |                |   |             |
| ontraception, AIDS risk factors). Goals in life, re | egular exercise, perso   | onal development, in    | ndeper    | idence, work a | ctivities, family,                      | social      |
| nteraction, communication.                          |                          |                         |           |                |   |             |
| Self Health Care: Breast self exam.                 |                          |                         |           |                |   |             |
| Vext Appointment [ ] 1 2 or 3 years or              | MD C                     | ionature <sup>,</sup>   |           |                | Date:                                   |             |

| Name:                         |                         | DOB:                 |                      | Actual A          |                                   |
|-------------------------------|-------------------------|----------------------|----------------------|-------------------|-----------------------------------|
|                               | Languag                 | e Spoken:            |                      | Interpreter Na    |                                   |
| Date:                         |                         |                      | 21 - 39  YEA         | ARS –MAL          | E                                 |
| NURSING INTAKE                |                         |                      |                      |                   |                                   |
| Height: Weight                | t: BMI:                 | BP:                  | Temp:                | Pulse:            | Resp:                             |
| Allergies:                    | , DIVII.                | ы.                   | Advance Directive    |                   |                                   |
| Notes:                        |                         |                      | Advance Directive    | Education, 168/   | 140                               |
| Staying healthy started: Ye   | es / No Review: Ye      | og / No              | MA Signature         |                   |                                   |
| , , ,                         | 28 / NO Review. 16      | 28 / INO             |                      |                   |                                   |
| INTERVAL HISTORY              |                         |                      | Meds/Vits:           |                   |                                   |
| Diet:                         |                         |                      | Weight loss/gain:    |                   | History of depression?            |
| Appetite:                     |                         |                      | Tobacco/alcohol/dr   | ug use:           | TB Risk: Yes / No                 |
| Physical Activity:            |                         |                      | Accidents:           |                   | Seeing dentist: Yes / No          |
| Illnesses, stomach, headach   | ie, fatigue:            |                      |                      |                   | gh cholesterol, DM, asthma        |
| Sexual activity:              |                         |                      | Exposure to tobacco  | smoke:            |                                   |
| Varicella/Chicken Pox Hx      | Date:                   |                      | Date of last Td:     |                   |                                   |
| <b>PATIENT CONCERNS:</b>      |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
|                               | TON.                    |                      |                      |                   |                                   |
| PHYSICAL EXAMINAT             |                         | 1 1                  | D (                  | r 1 N             |                                   |
| General Appearance [ ]        | Well nourished and dev  | -                    | Breast               | [ ] No masse      |                                   |
| [ ]                           | No abuse/neglect evide  | nt                   | Lungs                |                   | auscultation bilaterally          |
| Head [ ]                      | No lesions              | 1 1                  | Abdomen              |                   | masses, liver & spleen normal     |
| Eyes [ ]                      | PERRL, conjunctivae &   | z scierae ciear      | Genitalia            | [ ] Grossly r     |                                   |
|                               | Vision grossly normal   | 1                    | Male                 | [ ] Circ./unc     | 2 3                               |
| Ears [ ]                      | Canals Clear, TMs nor   |                      | Rectum               | 1                 | Tone [ ] Prostate exam            |
|                               | Hearing grossly normal  |                      | Femoral pulses       | [ ] Normal        | W. CHROM                          |
| Nose [ ]                      | Passages clear, MM pir  |                      | Extremities          |                   | mities, full ROM                  |
| Teeth [ ]                     | Grossly normal, no cav  |                      | Lymph nodes          | [ ] Not enlar     |                                   |
| Neck [ ]                      | Supple, no masses, thyr | oid not enlarged     |                      | [ ] No scolid     |                                   |
| Chest [ ]                     | Symmetrical             | 1 1 1                | Skin                 |                   | significant lesions               |
| Heart [ ]                     | No organic murmurs, re  | egular rhythm        | Neurologic           | [ ] Alert, no     | gross sensory or motor deficit    |
| ASSESSMENT:                   |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
| PLAN:                         |                         |                      |                      |                   |                                   |
| I Elli (                      |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
|                               |                         |                      |                      |                   |                                   |
| <b>ORDERS:</b> [ ] Vaccine    |                         |                      |                      |                   |                                   |
| [ ] Td (if not up to date)    |                         | Varicella (if no his |                      |                   | orofile (repeat every five years) |
| [ ] UA                        | [ ]                     | Pneumo (if high ris  | k)                   | [ ] Nutrition     | onal Assessment                   |
| [ ] PPD                       | [ ]                     | Flu (if high risk)   |                      | [ ] Dental        | Referral given                    |
| [ ] Counsel re: HIV (test i   | f at risk)              |                      |                      |                   |                                   |
| ANTICIPATORY GUIDA            | ANCE: Circle if discuss | sed                  |                      |                   |                                   |
| Correct Diet: Obesity, eat    |                         |                      |                      |                   |                                   |
| Accident Prevention: Saf      |                         |                      | ns, violent behavior | notor vehicle saf | etv.                              |
| Guidance: Smoking, alcoh      |                         |                      |                      |                   |                                   |
| contraception, AIDS risk fa   |                         |                      |                      |                   |                                   |
| family, social interaction, c |                         | 5.15150, 5041        |                      |                   | , o wou / 11105,                  |
| Self Health Care: Breast      |                         | exam.                |                      |                   |                                   |
|                               | ·                       |                      | Signatura:           |                   | Date                              |
| Next Appointment [ ] 1, 2     | , or 3 years or         | MD                   | Signature:           |                   | Date:                             |

| URSING INTAKE eight: Weight: llergies: otes: aying healthy started: Yes / No VTERVAL HISTORY iet: ppetite: nysical Activity: nesses, stomach, headache, fatigue | Hx of Breastfeeding:                       | Temp: Advance Directive Edu  MA Signature  Meds/Vits.: Weight loss/gain: Tobacco/alcohol/drug Accidents: Family history: HTN, H | Pulse: ucation: Yes / No use: | Resp:                    |
|---|--|---|-------------------------------|--------------------------|
| URSING INTAKE eight: Weight: llergies: otes: aying healthy started: Yes / No WTERVAL HISTORY iet: ppetite: hysical Activity: nesses, stomach, headache, fatigue | Review: Yes / No  E:  Hx of Breastfeeding: | Temp: Advance Directive Edu  MA Signature  Meds/Vits.: Weight loss/gain: Tobacco/alcohol/drug Accidents: Family history: HTN, H | Pulse: ucation: Yes / No use: | Resp:                    |
| eight: Weight: Illergies: otes: aying healthy started: Yes / No WTERVAL HISTORY iet: ppetite: nysical Activity: nesses, stomach, headache, fatigue              | Review: Yes / No  E:  Hx of Breastfeeding: | MA Signature  Meds/Vits.: Weight loss/gain: Tobacco/alcohol/drug Accidents: Family history: HTN, h                              | use:                          | Resp:                    |
| eight: Weight: Illergies: otes: aying healthy started: Yes / No WTERVAL HISTORY iet: ppetite: nysical Activity: nesses, stomach, headache, fatigue              | Review: Yes / No  E:  Hx of Breastfeeding: | MA Signature  Meds/Vits.: Weight loss/gain: Tobacco/alcohol/drug Accidents: Family history: HTN, h                              | use:                          | Resp:                    |
| llergies: botes: aying healthy started: Yes / No lTERVAL HISTORY let: bopetite: bysical Activity: nesses, stomach, headache, fatigue                            | Review: Yes / No  E:  Hx of Breastfeeding: | MA Signature  Meds/Vits.: Weight loss/gain: Tobacco/alcohol/drug Accidents: Family history: HTN, h                              | use:                          | resp.                    |
| otes: aying healthy started: Yes / No TERVAL HISTORY et: opetite: ysical Activity: nesses, stomach, headache, fatigue   | e:  Hx of Breastfeeding:                   | MA Signature  Meds/Vits.: Weight loss/gain: Tobacco/alcohol/drug Accidents: Family history: HTN, h                              | use:                          |                          |
| rying healthy started: Yes / No  TERVAL HISTORY  et:  petite:  ysical Activity:  nesses, stomach, headache, fatigue   | e:  Hx of Breastfeeding:                   | Meds/Vits.: Weight loss/gain: Tobacco/alcohol/drug Accidents: Family history: HTN, h  |                               |                          |
| TERVAL HISTORY et: petite: ysical Activity: nesses, stomach, headache, fatigue  | e:  Hx of Breastfeeding:                   | Meds/Vits.: Weight loss/gain: Tobacco/alcohol/drug Accidents: Family history: HTN, h  |                               |                          |
| et: petite: ysical Activity: nesses, stomach, headache, fatigue   | Hx of Breastfeeding:                       | Weight loss/gain:<br>Tobacco/alcohol/drug<br>Accidents:<br>Family history: HTN, h   |                               |                          |
| petite:<br>ysical Activity:<br>nesses, stomach, headache, fatigue   | Hx of Breastfeeding:                       | Tobacco/alcohol/drug<br>Accidents:<br>Family history: HTN, h  |                               |                          |
| ysical Activity:<br>lesses, stomach, headache, fatigue  | Hx of Breastfeeding:                       | Accidents:<br>Family history: HTN, h  |                               |                          |
| nesses, stomach, headache, fatigue  | Hx of Breastfeeding:                       | Family history: HTN, h  | . 1                           |                          |
|   | Hx of Breastfeeding:                       |   |                               |                          |
|   |  |   | neart disease, high choleste  | erol, DM, asthma         |
| enarche: G P A  |  | TB Risk: Yes / No   |                               | ng dentist: Yes / N      |
| xual activity:  | LMP:                                       | Exposure to tobacco si  |                               |                          |
| MR:   | E.H.                                       | History of depression?  |                               |                          |
| ricella or Chicken Pox Hx Date:   |  | Date of last Td:  |                               |                          |
|   |  | Date of last 10.  |                               |                          |
| ATIENT CONCERNS:  |  |   |                               |                          |
|   |  |   |                               |                          |
|   |  |   |                               |                          |
|   |  |   |                               |                          |
| HYSICAL EXAMINATION   |  |   |                               |                          |
|   | ourished and developed                     | Breast [  | l No masses                   |                          |
|   | se/neglect evident                         | Lungs [   | Clear to auscultation         | n hilaterally            |
| Head [ ] No lesi  |  | Abdomen [   | Soft, no masses, live         |                          |
|   | , conjunctivae & sclerae clear             | Genitalia [   | Grossly nl                    | a ce spicen norman       |
|   | grossly normal                             | Female [  | Pap                           |                          |
|   | Clear, TMs normal                          | remaie [  | ] Rectal                      |                          |
|   |  | [   | •                             |                          |
|   | g grossly normal                           | Femoral pulses [  | Normal                        | DOM                      |
|   | es clear, MM pink, no lesions              | Extremities [   | No deformities, full          | KOM                      |
|   | normal, no cavities                        | Lymph nodes [   | ] Not enlarged                |                          |
|   | , no masses, thyroid not enlarged          |   | ] No scoliosis                | . 1                      |
| Chest [ ] Symme   |  | Skin [  | Clear, no significant         |                          |
|   | anic murmurs, regular rhythm               | Neurologic [  | ] Alert, no gross sense       | ory or motor deficit     |
| SSESSMENT:  |  |   |                               |                          |
|   |  |   |                               |                          |
|   |  |   |                               |                          |
|   |  |   |                               |                          |
| I A NT.   |  |   |                               |                          |
| LAN:  |  |   |                               |                          |
|   |  |   |                               |                          |
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|   |  |   |                               |                          |
|   |  |   |                               |                          |
|   |  |   |                               |                          |
| RDERS: [ ] Vaccine reaction   | s, risks and follow-up explained           | / VIS sheets given.   |                               |                          |
| ] PPD   | [ ] Varicella (if no his                   |   | [ ] Mammogram ord             | der (every 1 to 2 years) |
| ] UA  | [ ] MMR                                    | nory dute)  | [ ] Lipid profile (repe       |                          |
| Td (if not in last 10 years)  | Pneumo (if high ris                        | sk)   | Nutritional Asses             |                          |
| Counsel re: HIV (test if at risk)   | Flu (if high risk)                         | on,   | Dental Referral g             |                          |
|   | <u> </u>                                   |   | L J Demai Reichal &           | 21,011                   |
| NTICIPATORY GUIDANCE:   |  |   |                               |                          |
| orrect Diet: Obesity, eating disor  |  |   |                               |                          |
| ccident Prevention: Safety helmo  |  |   |                               |                          |
| uidance: Smoking, alcohol, marij  |  |   |                               |                          |
| ndoms, contraception, AIDS risk   |  | ercise, seat belt use, fami   | ily, social interaction, c    | ommunication,            |
| rsonal development, independence  |  |   |                               |                          |
| If-Health Care: Breast self exam  | <b>L</b>                                   |   |                               |                          |
| ext Appointment [ ] 2 years or  | MD Signat                                  |   |                               | ate:                     |

| 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  | Meds/Vits:   |
| Diet:   | Weight loss/gain: 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 or Chicken Pox Hx Date:                                     | Date of last Td:   |
|   | Date of last fu.   |
| 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                      |  |
| Chest [ ] Symmetrical   | Skin [ ] Clear, no significant lesions                                   |
| Heart [ ] No organic murmurs, regular rhythm                          | Neurologic Alert, no gross sensory or motor deficit                      |
| ASSESSMENT:   | reasonage [ ] There, no gross sensory or motor deficit                   |
| ASSESSIVIEIVI.  |  |
|   |  |
|   |  |
|   |  |
| PLAN:   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| <b>ORDERS:</b> [ ] Vaccine reactions, risks and follow-up explained   | / VIS sheets given   |
| Td (if not in last 10 years)  Varicella (if no his                    | e e e e e e e e e e e e e e e e e e e                                    |
| UA [ ] Flu (if high risk)   | [ ] Nutritional Assessment   |
| [ ] PPD [ ] Pneumo (if high ris                                       |  |
| [ ] PSA (if high risk) [ ] Counsel re: HIV                            |  |
|   | (toot ii ut iion)  |
| ANTICIPATORY GUIDANCE: Circle if discussed                            |  |
| Correct Diet: Obesity, eating disorders, and junk food.               | wion DIII owns violant habassian material 1111 v.C.                      |
| Accident Prevention: Seat belt use, Safety helmet, risk-taking beha   |  |
|   | gs, suicidal ideation, aging process, sex education, (partner selection, |
| condoms, contraception, AIDS risk factors). Goals in life, regular ex | ercise, family, social interaction, communication, personal              |
| development, independence, work activities.                           |  |
| Self Health Care: Breast self exam, testicular self exam.             |  |
| Next Appointment [ ] 2 years or MD Signat                             | rure: Date:  |

| Name:  |  | DOB:                   |                                | Actual Age:               |                              |
|--|--|------------------------|--------------------------------|---------------------------|------------------------------|
|  | Languag  | ge Spoken:             |                                | Interpreter Name:         |                              |
| Date:  |  |                        | 50+ YEARS                      | – FEMALE                  |                              |
| NURSING INTAKE   |  |                        |                                |                           |                              |
| Height: Weight   | nt: BMI:   | BP:                    | Temp:                          | Pulse:                    | Resp:                        |
| Allergies:   | n. Bivii.  | ы.                     | Advance Directive I            |                           | Resp.                        |
| Notes:   |  |                        | ravance Breedive I             | Eddedion: 1057110         |                              |
| Staying healthy started: Y                               | es / No Review:  | Yes / No               | MA Signature                   |                           |                              |
| NTERVAL HISTORY  |  |                        | Meds/Vits:                     |                           |                              |
| Diet:  |  | -                      | Weight loss/gain:              |                           |                              |
| Appetite:  |  |                        | Tobacco/alcohol/dr             | ug use:                   |                              |
| Physical Activity:                                       |  |                        | Accidents:                     |                           |                              |
| llnesses, stomach, headac                                | he, fatigue:   |                        | Family history: HT             | N, heart disease, high ch | olesterol, DM, asthma        |
| Menarche: G I  | A Hx of Breastfe   | eeding:                | Exposure to tobacco            |                           |                              |
| Sexual activity:   | LMP:   |                        | TB Risk: Yes / No              |                           | Seeing dentist: Yes / N      |
| Varicella or Chicken Pox                                 | Hx Date:   |                        | Date of last Td:               |                           |                              |
| History of depression?                                   |  |                        |                                |                           |                              |
| PATIENT CONCERNS   | :  |                        |                                |                           |                              |
|  |  |                        |                                |                           |                              |
| _  |  |                        |                                |                           |                              |
|  | TYON   |                        |                                |                           |                              |
| PHYSICAL EXAMINA   |  | valamad                | Dragge (famola)                | 1 No massas               |                              |
| General Appearance [                                     | <ul><li>Well nourished and dev</li><li>No abuse/neglect evider</li></ul> |                        | Breast (female) [ Lungs [      | -                         | ation hilaterally            |
| Head [   | No lesions   | III                    | Abdomen [                      |                           | liver & spleen normal        |
| Eyes [   | PERRL, conjunctivae &  | k sclerae clear        | Genitalia [                    | ] Grossly nl              | niver ee spreen norman       |
| ]  | Vision grossly normal  |                        | Female [                       | ] Pap                     | [ ] Rectal yearly            |
| Ears [   | Canals Clear, TMs norm   |                        | Femoral pulses [               | ] Normal                  |                              |
| [  | Hearing grossly normal   |                        | Extremities [                  | ] No deformities,         | full ROM                     |
| Nose [   | Passages clear, MM pin   |                        | Lymph nodes [                  | ] Not enlarged            |                              |
| Teeth [  | Grossly normal, no cavi<br>Supple, no masses, thyr                       |                        | Back [<br>Skin [               | _                         | iosis/other abnormality      |
| Neck [<br>Chest [  | Supple, no masses, thyr Symmetrical                                      | roid not enlarged      | Neurologic [                   | Clear, no signifi         | sensory or motor deficit     |
| Heart [  | No organic murmurs, re   | egular rhythm          | rediologic [                   | Occult Blood (if          |                              |
| ASSESSMENT:  | 1 - 10 0-8   | 8                      |                                | 1 000000 (                |                              |
| IDDEDDIVIE:  |  |                        |                                |                           |                              |
|  |  |                        |                                |                           |                              |
|  |  |                        |                                |                           |                              |
| PLAN:  |  |                        |                                |                           |                              |
|  |  |                        |                                |                           |                              |
|  |  |                        |                                |                           |                              |
|  |  |                        |                                |                           |                              |
|  |  |                        |                                |                           |                              |
| ADDEDC. [ ] Vegeir                                       | a manations mistra and falls   | ovv. vm ovmloimed /    | VIC shoots given               |                           |                              |
| <b>DRDERS:</b> [ ] Vaccir ] Td (if not in last 10 years) | e reactions, risks and follo   | Varicella (if no histo |                                | [ ] Counsel re            | : HIV (test if at risk)      |
| UA   |  | Flu (yearly)           | ry date)                       |                           | le (repeat every five years) |
| Fecal Occult Blood                                       |  | Flex Sigmoid (eve      | ry 5 years)                    |                           | py (every 10 years)          |
| ] Nutritional Assessm                                    |  | Pneumo (if above 65    |                                | [ ] PPD                   |                              |
| ] Dental Referral give                                   | en []  | Mammo (yearly to 6     | 5 years then @ clinician's dis | cretion)                  |                              |
|  | OANCE: Circle if discuss   |                        |                                |                           |                              |
|  | ating disorders, and junk fo   |                        |                                |                           |                              |
|  | at belt use, safety helmet,  |                        |                                |                           |                              |
|  | ohol, marijuana, cocaine, I  |                        |                                |                           |                              |
|  | AIDS risk factors). Goals in   |                        | icise, personal devel          | opineni, independence     | e, work or retirement        |
| Self Health Care: Breas                                  | teraction, communication.  |                        |                                |                           |                              |
|  | SULL VIIMILL   |                        |                                |                           |                              |

| Name:  | DOB:  |                       | Actual Age:                              |                       |
|--|---|-----------------------|--|-----------------------|
|  | Language Spoken:                                    |                       | Interpreter Name:                        |                       |
| Date:  |   | 50+ YEAR              | S – MALE                                 |                       |
| NURSING INTAKE   |   |                       |  |                       |
|  | BMI: BP:  | Temp:                 | Pulse:                                   | Resp:                 |
| Allergies:   |   | *                     | irective Education: Yes /                | *                     |
| Notes:   |   | 110,41100 2           | need to Education 1 est                  | 110                   |
| Staying healthy started: Yes / No                              | Review: Yes / No                                    | MA Signature          |  |                       |
| INTERVAL HISTORY   |   | Meds/Vits:            |  |                       |
| Diet:  |   | Weight loss/gain:     | History o                                | of depression?        |
| Appetite:  |   | Tobacco/alcohol/dru   | ·  | : Yes / No            |
| Physical Activity:   |   | Accidents:            | <u> </u>                                 | entist: Yes / No      |
| Illnesses, stomach, headache, fatigue:                         |   | Family history: HTN   | N, heart disease, high choles            |                       |
| Sexual activity:   |   | Exposure to tobacco   |  | , ,                   |
| Varicella or Chicken Pox Hx Date:                              |   | Date of last Td:      |  |                       |
| PATIENT CONCERNS:  |   |                       |  |                       |
|  |   |                       |  |                       |
|  |   |                       |  |                       |
|  |   |                       |  |                       |
|  |   |                       |  |                       |
| PHYSICAL EXAMINATION   |   | Breast [              | No masses                                |                       |
|  | shed and developed                                  | Lungs [               | Clear to auscultatio                     | n bilaterally         |
|  | eglect evident                                      | Abdomen [             | ] Soft, no masses, liv                   |                       |
| Head [ ] No lesions  |   | Genitalia [           | ] Grossly nl                             | 1                     |
| Eyes [ ] PERRL, co   | njunctivae & sclerae clear                          | Male [                | ] Circ/uncirc [                          | ] Testes in scrotum   |
| [ ] Vision gros  |   | Rectum [              | ] Sphincter tone [                       | ] Prostate Exam       |
|  | ar, TMs normal                                      | Femoral pulses [      | ] Normal                                 |                       |
|  | ossly normal  | Extremities [         | No deformities, full                     | ROM                   |
|  | ear, MM pink, no lesions                            | Lymph nodes           | ] Not enlarged                           |                       |
|  | rmal, no cavities                                   | Back [                |  | is/other abnormality  |
|  | masses, thyroid not enlarged                        | Skin [                | Clear, no significan                     |                       |
| Chest [ ] Symmetrics   |   | Neurologic            | Alert, no gross sens Occult Blood (if 50 | ory or motor deficit  |
|  | murmurs, regular rhythm                             |                       | ] Occuit Blood (II 30                    | +)                    |
| ASSESSMENT:  |   |                       |  |                       |
|  |   |                       |  |                       |
|  |   |                       |  |                       |
|  |   |                       |  |                       |
| DY ANT   |   |                       |  |                       |
| PLAN:  |   |                       |  |                       |
|  |   |                       |  |                       |
|  |   |                       |  |                       |
|  |   |                       |  |                       |
|  |   |                       |  |                       |
| ODDEDC. [ ] Vaccina magations mi                               | also and fallow up avalained                        | VIC shoots given      |  |                       |
| ORDERS: [ ] Vaccine reactions, ri  Td (if not in last 10 year) | sks and follow-up explained / Varicella (if no hist |                       | [ ] Lipid profile (rep                   | and avamy five vecus) |
| Flu (yearly)   | Pneumo (if above 6                                  | • '                   | [ ] Fecal Occult Bl                      |                       |
| Colonoscopy (every 10 years)                                   | [ ] Flex Sigmoid (ev                                |                       | UA                                       | ood (yearly)          |
| PPD  | PSA   | . , <del>- ,</del> /  | [ ] 0                                    |                       |
| Dental Referral given  | [ ] Nutritional Asse                                | ssment                |  |                       |
| ANTICIPATORY GUIDANCE: Circ                                    |   |                       |  |                       |
| Correct Diet: Obesity, eating disorders                        |   |                       |  |                       |
| Accident Prevention: Seat belt use, sa                         |   | ior, DUI, guns, viole | ent behavior, motor vehic                | le safety.            |
| Guidance: Smoking, alcohol, marijuan                           |   |                       |  |                       |
| condoms, contraception, AIDS risk fact                         |   |                       |  |                       |
| personal development, independence.                            |   | -                     |  |                       |
| Self Health Care: Breast self exam, te                         | sticular self exam.                                 |                       |  |                       |
| Next Appointment [ ] 1 year, or                                | MD Signature  | ·•                    |  | ate:                  |