5 to 9 Year Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL

☐ Periodic ☐ Interperiodic ☐ Parent/Caregiver Request

NAME (Last) (First)	ID	DATE OF BIRTH

DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

INTERVAL HISTORY

PAST MEDICAL HISTORY WNL ☐ YES ☐ NO (IF NO, DESCRIBE)
DEVELOPMENTAL HISTORY WNL ☐ YES ☐ NO (IF NO, DESCRIBE)
BEHAVIORAL HEALTH STATUS WNL ☐ YES ☐ NO (IF NO, DESCRIBE)

NUTRITIONAL ASSESSMENT

WNL ☐ YES ☐ NO (IF NO, DESCRIBE) ☐ FLUORIDE ☐ REFERRED

PHYSICAL EXAM

HEIGHT	WEIGHT	BLOOD PRESSURE

Are the following normal?

	YES	NO	COMMENTS
Appearance			
Skin			
Head			
Eyes			
Ears			
Nose			
Mouth/Throat/Teeth/Gums			☐ DENTAL REFERRAL AGE 3 AND UP REQUIRED
Nodes			
Heart			
Lungs			
Abdomen			
Fem. Pulse			
Ext. Gen.			
Extremities			
Spine			
Neuro			
Other			

LAB TESTS

☐ U/A _____ (5 yrs & as indicated) ☐ LEAD SCREEN (blood @ 12 & 24 mo, @ 36-72 mo. if not screened; verbal @ 6 mo-6 yrs) ☐ OTHER (specify, as indicated)

SENSORY SCREEN

NORMAL VISION? ☐ YES ☐ NO ☐ REFERRED RESULTS: RIGHT ____ LEFT ____ BOTH ____
NORMAL HEARING? ☐ NORMAL ☐ ABNORMAL (RIGHT ____ LEFT ____) ☐ REFERRED
DOES PARENT FEEL SPEECH & HEARING ARE NORMAL FOR AGE? ☐ YES ☐ NO

DEVELOPMENT ASSESSMENT

IS DEVELOPMENT NORMAL FOR AGE AND CULTURE?
☐ YES ☐ NO ☐ REFERRED

IMMUNIZATIONS

☐ CURRENT ☐ DEFERRED ☐ PROVIDED: LIST

HEALTH EDUCATION, ANTICIPATORY GUIDANCE

☐ DENTAL HYGIENE ☐ PEER RELATIONS ☐ LIMIT SETTING
☐ NUTRITION ☐ COMMUNICATION ☐ PARENTAL ROLE MODEL
☐ REGULAR PHYSICAL ACTIVITY ☐ SCHOOL PERFORMANCE
☐ SAFETY: WATER, SEAT BELTS, SKATE BOARD, BICYCLE

DIAGNOSIS:

PLAN:

SIGNATURE:

FPS, FAFH, FMA, FOMA, AHCA-2003