

# 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
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Are the following normal?

	YES	NO	COMMENTS
Appearance			
Skin			
Head			
Eyes			
Ears			
Nose			
Mouth/Throat/Teeth/Gums			<input type="checkbox"/> 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   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:**

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**PLAN:**

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**SIGNATURE:**