

HEALTH ASSESSMENT: (TO BE COMPLETED BY LICENSED HEALTH PRACTITIONER)

PHYSICAL EXAM:

LENGTH/HEIGHT _____ IN/CM %ILE _____	WEIGHT _____ LB/KG %ILE _____	HEAD CIRCUMFERENCE _____ IN/CM %ILE _____	BLOOD PRESSURE _____ / _____
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CHECK () EACH LINE	NORMAL	ABNORMAL	NEEDS FOLLOW-UP	NOT EXAMINED	CHECK () EACH LINE	NORMAL	ABNORMAL	NEEDS FOLLOW-UP	NOT EXAMINED
SKIN/SCALP					NOSE, THROAT, MOUTH				
NUTRITION					TEETH & GUMS				
NEUROLOGY & MUSCULAR					GLANDS INC. THYROID				
ORTHOPEDIC & SPINE					CHEST, BREASTS				
EYE					HEART, LUNGS				
EARS					ABDOMEN				
SPEECH					GENITALIA				

TEMPERAMENT: ___ EASY-GOING ___ AVERAGE ___ DIFFICULT

COMMENTS:

ALLERGIES: INCLUDE ALLERGIES TO FOOD, MEDICATION, OR OTHER SUBSTANCES:

ASSESSMENT OF PHYSICAL DEVELOPMENT:

A. ESTIMATE OF LEVEL OF MATURATION:

- | | | | |
|------------------------------|--------------|------------|-------------|
| A. INFANCY (0-2 YEARS) | EARLY: _____ | MID: _____ | LATE: _____ |
| B. MID-PRESCHOOL (2-4 YEARS) | EARLY: _____ | MID: _____ | LATE: _____ |
| C. PRESCHOOL (4 YEARS) | EARLY: _____ | MID: _____ | LATE: _____ |
| D. SCHOOL-AGE (6-10 YEARS) | EARLY: _____ | MID: _____ | LATE: _____ |
| E. ADOLESCENT (11-18 YEARS) | EARLY: _____ | MID: _____ | LATE: _____ |

COMMENTS

B. ESTIMATE OF FUNCTIONAL CAPACITY:

	DELAYED FOR DEVELOPMENT PHASE	CONSISTENT WITH DEVELOPMENT PHASE	ADVANCED FOR DEVELOPMENT PHASE	COMMENTS:
GROSS MOTOR:				
FINE MOTOR:				
LANGUAGE SKILLS:				
SOCIAL SKILLS:				
EMOTIONAL:				

PHYSICIAN'S SIGNATURE: _____

DATE OF EXAM: _____

PHYSICIAN'S NAME - TYPED OR PRINTED _____

TELEPHONE NUMBER _____

DATE OF NEXT SCHEDULED EXAM: _____