

# HEALTH ASSESSMENT

## 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:

### 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: \_\_\_\_\_

#### 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:				

#### C. Impression of child's present state of health:

#### D. Recommendations regarding:

- a. Medical needs:
- b. Developmental needs:
- c. Family support:

Print Physician's Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_ Date of Next Scheduled Exam: \_\_\_\_\_