Well Baby Assessment

Child's name: ____ DOB _________________

I give consent for my child's physician and childcare provider to discuss my child's health concerns/history.

Parent/Guardian name: __________________________ Signature:___________________________ Date: _______

Early Head Start requires a complete CHDP equivalent health examination for entrance into the program.

CHDP Periodicity visit for:	1 Mos	2 Mos	4 Mos	6 Mos	9 Mos	12 Mos	15 Mos	18 Mos	24 Mos	30 Mos	3 Yrs	4 Yrs	5 Yrs

Date of Well baby assessment: ____________________

TB Risk Factor Assessment:
☐ Risk factors not present; TB skin test not required

Hematocrit/Hemoglobin: 12 and 24 months	Date:	Results:	Anemia: ☐ Yes ☐ No	Iron Supplements: ☐ Yes ☐ No	
Blood Lead Test: 12 and 24 Month If no record, perform	Date:	Results:	Blood Pressure:	Date:	Results:____/ _____
Tuberculin Skin Test	Date Given:	Date Read:	Results: ☐ Negative ☐ Positive	Chest X-ray Date:	Results: ☐ Negative ☐ Positive
Height: (%)	Weight: (%)	BMI:		Head Circumference:	
Vision: Right – 20/_______	Left – 20/ ________	Strabismus: ☐ Pass ☐ Fail		Hearing: ☐ Pass ☐ Fail	

Examination Results	Normal for age	Abnormal (describe findings)	Not Tested	Examination Results	Normal for age	Abnormal (describe findings)	Not Tested
Anticipatory Guidance				Eyes/Vision Observation			
Posture, Gait				Ears/Clinic Assessment			
Birth Defects				Developmental Screening			
Ears/Nose/Throat				Autism Spectrum Disorder Screening (18 and 24 mos)			
Seizures				Developmental Surveillance			
Mouth/Teeth Dental/Nutrition				Psychosocial/Behavior Assessment			
Heart/Lungs				Communication Skills/Speech			
Asthma				Cognitive Skills			
Abdomen (hernia)				Maternal Depression Screening			

List any allergies, chronic conditions or special accommodations: ____

List medications required at school (include medication name and dosage): ________________________________
____

Please use office stamp:

Provider (please print): ____ Signature:__________________________________

Practice/Clinic name: ____ Phone Number:______________________________

Address:____