

**PHYSICAL EXAMINATION:**

To be completed by health care provider approved to perform health assessments.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hgb or Hct: \_\_\_\_\_  
 Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Lead: \_\_\_\_\_  
 Urinalysis: \_\_\_\_\_ Sickle Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
 Tuberculosis: \_\_\_\_\_ Head Circumference: \_\_\_\_\_

Code each item as follows: 0 = No significant findings 1 = significant findings	Code	Description of Findings
General appearance		
Integument		
Head – neck		
EENT		
Oral – dental		
Thorax		
Breasts		
Cardiovascular		
Abdomen		
Musculoskeletal		
Genitourinary		
Neurological		

**SCREENING**

- Nutritional evaluation ( all ages-each screen) ( check if applicable).  
 Enrolled in WIC Receiving vitamin supplement with iron Without Iron Fluoride Supplement  
**Food intake review. Results:**  
 Milk/milk products (breast fed/type of formula) \_\_\_\_\_  
 Fruit/vegetables \_\_\_\_\_  
 Meat, beans, eggs \_\_\_\_\_  
 Breads, cereals \_\_\_\_\_
- Development: Type of screen \_\_\_\_\_ Results: \_\_\_\_\_
- Speech: Type of screen \_\_\_\_\_ Results: \_\_\_\_\_
- Hearing: Type of screen \_\_\_\_\_ Results: \_\_\_\_\_ Date Last Screen: \_\_\_\_\_
- Vision: Type of screen \_\_\_\_\_ Results: \_\_\_\_\_ Date Last Screen: \_\_\_\_\_

Significant assessment findings:

Anticipatory Guidance (circle those discussed)

- |                    |                |
|--------------------|----------------|
| 1. Safety/poisons  | 8. Lifestyle   |
| 2. Nutrition       | 9. Development |
| 3. Parenting       | 10. Behavior   |
| 4. Family planning | 11. Sexuality  |
| 5. Discipline      | 12. Dental     |
| 6. Immunizations   | 13. Other      |
| 7. Hygiene         |                |

Recommendations (include referrals):

Comments:

Follow Up:

\_\_\_\_\_  
 Signature of physician or nurse approved to perform health assessments

\_\_\_\_\_  
 Date

Additional information may be attached.