

Physical Health Assessment

Child Name: _____ Sex: ____ DOB: _____ Head Start Unit: _____

Parent/Guardian: _____ Payment source: () T-19 () CHIP Program () IHS () Private Insurance () Head Start

Exam date: _____ Vision: _____ Hearing: _____ HGB/HCT: _____ BP: _____

Height: _____ Weight: _____ BMI: _____ No concern Concern

If concern, follow-up plan: _____

***REQUIRED: Lead screening - this must be a blood test (finger stick is acceptable)**

If one has not been completed prior to today, one needs to be done at this time.

DATE: _____ RESULTS: _____

If the child has had one prior to today that is acceptable.

Please List: DATE: _____ RESULTS: _____

Physical Assessment	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
General appearance			Ears			Heart		
Posture/gait			Speech			Abdomen		
Skin			Nose/Mouth/Throat			(include Hernia)		
Lymph Nodes			Teeth			Genitalia		
Head			Glands			Back/Extremities		
Neck			Glands			Bone, Joint, Muscle		
Eyes			Lungs			Neurological		

Health and development history (including assessment of both physical and mental health development) <input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipatory Guidance Given: <input type="checkbox"/> Yes <input type="checkbox"/> No (inclusive of Injury and Violence prevention, Sleep positioning and Nutrition Counseling)
Seasonal or Medication Allergies:

Does this child take any medications? If yes please list them: _____

Has this child had Chicken Pox? _____ Yes - Date _____ No _____

Is this child up to date on immunizations? _____ Yes _____ No **(Please attach immunization record)**

Comments/General Statement on child's physical status:	Treatment Plan for Abnormal Findings	
		<input type="checkbox"/> Follow-up needed <input type="checkbox"/> Treatment completed <input type="checkbox"/> Referral Where: _____

Physicians Signature: _____

Physicians Name/Clinic (Printed): _____

Physicians/Clinic Address: _____

Physicians/Clinic Phone Number: _____

Return completed form to: South Central Child Development, Inc.
 401 Walnut Avenue SW
 Wagner, SD 57380
 605-384-3683
 Fax (if possible) 605-384-5696