RIVERSIDE COUNTY DEPARTMENT OF PUBLIC HEALTH Child Health and Disability Prevention Program

WELL CHILD ASSESSMENT PACKAGE



NEWBORN CHILD THRU 19 YEARS OF AGE

See Attachments 17 pages

CHILD HEALTH HISTORY

HISTORY OF PREGNANCY WITH THIS CHILD: During which month of pregnancy did you first see the doctor?_____Month Where was baby born?___ _____Months If baby was born at home, were blood tests for newborn screening done? #YES #NO How long was your pregnancy?___ Did you have any illness or problem? (Including sexually transmitted YES NO Did you use any non-prescribed drug? (tobacco, alcohol, "Street or other communicable diseases) drugs", over-the-counter or home remedies) YES NO Did the baby go home with you from the hospital NO Did you take any medications prescribed by your doctor? YEŞ Did you have a difficult/abnormal delivery/C-section? YES NO Was more than one baby born? NO YES YES Did the baby have any problems during the 1 st week of life? NO Did baby receive any shots for Hepatitis B? NO CHILD'S HISTORY: GMALE GFEMALE is this child adopted? GYES GNO Birth Weight: _____pounds ____ounces Length:___ _inches Has your child ever had: YES NO YES NO Vomiting after eating, refusal to eat Measles, Chickenpox, Mumps, Rubella YES YES NO NO Muscle, joint or bone problems Tuberculosis or positive TB test NO Skin problems YES YES NO Tonsillitis/Sore Throat YES YES NO NO Headaches or dizziness Problems with eyes or vision YES NO Convulsions, seizures, epilepsy YES NO Problems with ears or hearing YES NO Diabetes YES NO Difficulty breathing/snoring at night YES YES NO Thyroid problems NO Heart problems YES YES NO Asthma, bronchitis, or pneumonia NO Allergies YES YES NO Anemia, bleeding problems, blood transfusions NO Problems with development or school performance YES YES NO Stomachaches NO Serious illness or accident YES NO Surgery or hospitalization YES NO Diarrhea, soiling self with stool Bladder or Kidney Problems, Wetting self or bed YES NO (Girls) Has she started her period? YES NO YES NO (Girls) Are there problems with her period? NO FAMILY HISTORY: Does mother (M), father(F), brother(B), sister(S), aunt(A), uncle (U), or grandparent (GP) have: Which Family Member? Which Family Member? YES NO Diabetes YES NO High blood pressure YES NO Epilepsy or convulsions YES NO Bleeding disorder YES NO Tuberculosis YES NO Mental retardation YES NO Allergy YES NO Heart disease YES NO Cancer YES NO Lung or breathing problems YES NO Eye disorder YES NO Kidney or urinary disease YES NO Ear disorder YES NO Bone or joint problems PARENT INFORMATION: HOUSEHOLD INFORMATION: Number of people in home: Mother: Father: Are both parents living in the home? Yes No Does anyone in the home smoke, or use drugs or alcohol? Highes Higho Age: Language spoke in the home: Height: Do you live in a: □House □Apartment □Mobile Home □Shelter □Homeless Occupation: _____Date: Patient Identification: Signature:_____ Relationship to Child: Date: Reviewer's Signature:_____

HISTORIAL MEDICO DEL NIÑO

HISTORIAL MEDICO DE SU EMBARAZO CON ESTE NIÑO: ¿En que mes de su embarazo visitó usted por primera vez al doctor? _____mes ¿Dónde nació su bebé? _, Si nació el bebé en casa, ¿le hicieron análisis de sangre de detección básica para un recién nacido? □Sí □No De cuántos meses fue su embarazo? ¿Tuvo usted alguna enfermedad o problemas? (Esto incluye No ¿Usó usted alguna droga? (Tabaco, bebidas alcohólicas, drogas enfermedades transmitidas sexualmente o enfermedades contagiosas) de la calle, remédios caseros o de la farmacia) No Le dieron de alto a su bebé juntamente con usted? ¿Tomó usted alguna medicina recetada por su doctor? Νo No ¿Le nació a usted más de un bebé? ¿Tuvo un parto difícil/anormal/cesárea? No No ¿Se le puso al bebé alguna vacuna para la Hepatitis B? ¿Tuvo el bebé algún problema durante la primera semana de vida? Sí No HISTORIAL MEDICO DEL NIÑO: OM OF ¿Fué adoptado este niño? OSí ONo Peso al nacer: __lbs.__oz. La medida: _pulgadas ¿Ha tenido alguna vez: Sarampión, varicela, paperas, sarampión atemán No Vómitos después de comer, se rehúsa a comer Νo Sí Tuberculosis o una prueba positiva de tuberculosis No Problemas de los músculos, articulaciones o huesos Sí No Amigdalitis/Dolor de garganta Sí No Problemas de la piel Sí No Problemas con los ojos o con la vista Sí No Dolores de cabeza o mareos Nο Sí Problemas con los oídos o para oír Sí No Convulsiones, ataques, epilepsia No Si No Diabetes Sí Dificultad al respirar/roncar en la noche Nο No Problemas con la tiroídes SI Sí No Problemas del corazón Sí Sí No Alergias No Asma, bronquitis o pulmonía Si No Problemas con el desarrollo o con el desempeño escolar No Anemia, problemas de hemorrágia, transfusiones de sangre Sí No Enfermedades o accidentes graves Sí No Dolores de estómago No Cirugía o hospitalización No Diarrea, manchándose con el excremento No (Niñas) ¿ Ha comenzado con su menstruación? Nο Problemas con la vejiga o riñones, orinarse en la cama o ropa interior Estreñimiento/constipación No (Niñas) ¿ Hay problemas con su menstruación? HISTORIAL MEDICO DE LA FAMILIA: Tiene alguien de la familia: madre (M), padre (P), hermano (HO), hermana (HA), tío (TO), tía (TA), abuela (AA), abuelo (AO) ¿Cual miembro familiar? ¿Cual miembro familiar? Si Diabetes No Alta presión de sangre No Sí No Epilepsia o convulsiones No Trastornos sanguíneos No Tuberculosis Sí No Retraso mental Sí Sí No Cáncer Si No Alergias Enfermedad de los riñones o No Problemas de los pulmones o con la respiración SI Problemas con los huesos o No Anormalidad funcional de los ojos SI No las articulaciones No Enfermedad del corazón No Anormalidad funcional de los oídos INFORMACIÓN SOBRE LOS PADRES: INFORMACIÓN DOMICILIARIA: ¿Cuántas personas viven en su casa?___ Madre: Padre: ¿Viven ambos padres en la casa? ☐Si ☐No Edad: ¿Alguien en la casa fuma o usa drogas o bebidas alcohólicas? ☐Sí ☐No ¿Qué idioma se habla en casa?_ Estatura: ¿Vives en □Casa □Apartamento □Refugio □Casa Remolque □Sin casa ni hogar Ocupación: __ _____Fecha:___ Identificación del Paciente: Firma: Parentesco con el niño: Firma Del Examinador:

Well Child Assessment - Under 1 Month

			and a facility many primary follows and a major manuscript of a specific and a specific for a specific of a specific or a specif			*******************************	energy of the second of Spines				
Age:	We	ight:		Length:		Head Circ:					
Temp:	Pul	lse:		Resp:							
INTERVAL HISTOR	Y			DEVELO	OPMENT	□ Normal	□Ab	normal			
Diet:				☐ Momer	ntarily lifts head	□ Regards fa	≱ce & fol	llows 30°			
Illness:				while p	orone						
Problems:				☐ Responds to sounds by ☐ Sleeps 3-4 hours							
Immunization Reaction	:			blinkin	g, quieting, startle etc	3.					
Allergies:				□ Moves	all extremities	🗆 Awake 1 h	r. or lon	ger			
Parental Concerns:				□ Restin	g position flexed post	ure					
PHYSICAL EXAMINATI	ON		PM 160 □Yes □No	EDUCATI	ON (Circle Items Dis	cussed with F	'atient/F	amily)			
	Ν	Ab	Abnormalities/Comments	Nutrition:	Breast/Formula With Fe						
General Appearance				Tobacco:	Second-hand Smoke						
Nutrition				Safety: Ha	indling, Falling, Car Seat,	Toys, Folk Rem	iedies				
Skin				Parenting:	Spoiling, Sib. Rivalry, SI	eep Patterns/En	nergencie	·S			
Head, Neck & Nodes				Dental: F	louride/Cleaning Gums	, No bottle in b	ed				
Eyes/Eq. Reflex				□ Growin	g Up Healthy : Brochu	re Given		Variable Co., manufacture (March March March			
ENT/Hearing				TB Risk A	\ssessment: 🗆 No Ris	sk □ Risk					
Mouth/Dental				ASSESSN	/IENT						
Chest/Lungs											
Heart											
Abdomen											
Ext. Genitalia											
Back											
Extremities/Hips											
Neurological											
Fem. Pulses											
PLAN					TOBACCO ASSESSI						
					Patient is exposed Tobacco Smoke.	*					
					Tobacco Smoke.		Υ□	N□			
					2. Tobacco Used By	Patient.	Υ□	NO			
					3. Counseled About/P			3.1			
Next Visit: Patient ID:	***************************************				Use Prevention/Ce	essation	YO	NO			
rautii iv.											
				Exam Date:							
				Signed:							
				Antonio Maria Mari							

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Well Child Assessment - 1 to 2 Months

Age:	We	ight:	etti araattiin jestiin aataanaa ettiin talka tiistiin talka essa eesti aa aa kakka tiisti aataanaa	Length: Head Circ:							
Temp:	Pu	lse:		Resp:			······································				
INTERVAL HISTOR	Y			DEVELO	PMENT	☐ Normal	□ Abnormal				
Diet:				□ Vocaliz	zes with cooing	□ Shows int	terest in visual				
Illness:				(musical sounds) and auditory stimuli							
Problems:				☐ Smiles Responsívely							
Immunization Reaction	:			⊜ Lifts head, neck with forearm							
Allergies:				☐ Attentive to voices support while prone							
Parental Concerns:											
PHYSICAL EXAMINATI	ON		PM 160 □Yes □No	EDUCATI	ON (Circle Items	Discussed with	Patient/Family)				
	N	Ab	Abnormalities/Comments	Nutrition: I	3reast/Formula, Solid	s, Vitamins with Fe					
General Appearance	<u> </u>			Tobacco:	Second-hand Smoke						
Nutrition				Safety: No	shaking, Bath Safety	, Smoke Detector,	Burns, 911, Car				
Skin				Seats							
Head, Neck & Nodes		<u> </u>		Parenting:	Spoiling, Sleep Patte	erns, Fever Control					
Eyes/Eq. Reflex				Dental: F	luoride, Avoid Sweets	, Clean Gums, Orth	nodontic Pacifier,				
ENT/Hearing				No bottle	e in bed.						
Mouth/Dental				☐ Growin	g Up Healthy: Bro	chure Given					
Chest/Lungs				TB Risk A	ssessment: 🗆 No	Risk □ Risk:					
Heart				ASSESSMENT							
Abdomen											
Ext. Genitalia											
Back											
Extremities/Hips											
Neurological											
Fem. Pulses											
PLAN					TOBACCO ASSE						
					Patient is expose Tobacco Smoke						
					2. Tobacco Used	By Patient. Y	NTI				
Next Visit:	Werderoor;	a magade makera saka			 Counseled About Prevention Ces 						
Patient ID:											
				Exam Dat	e:						
				Signed:							

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Well Child Assessment - 3 to 4 Months

Age:	Wei	ght:	nana mananan da da sa da mananan mananan da sa da s	Length:		Head Circ:	аштын такжанда терапулган каке теген такжанда байга ангалда т				
Temp:	Puls	se:		Resp:							
INTERVAL HISTOR	Υ			DEVELO	PMENT [Normal	□ Abnormal				
Diet:				□ While p	prone lifts head and	☐ Controls	head well				
Iliness:				shoulders							
Problems:				☐ Laughs/Squeals ☐ Grasps Rattle when placed							
Immunization Reaction	:			☐ Cooing/Vocalization in hand							
Allergies:				□ Plays v	vith and studies	☐ Shows fe	elings like				
Parental Concerns:	***************************************			hands	and feet	surprise,	anger, fear				
PHYSICAL EXAMINATI	ON	f	PM 160 □Yes □No	EDUCATION	ON (Circle Items Di	iscussed with	Patient/Family)				
	N	Ab	Abnormalities/Comments	Nutrition: E	3reast/Formula, Solids,	Vitamns with Fe					
General Appearance				Tobacco:	Second-hand Smoke						
Nutrition				Safety: No	shaking, Bath Safety, S	Smoke Detector,	Burns, 911, Car				
Skin				Seats							
Head, Neck & Nodes				Parenting:	Spoiling, Sleep Pattern	ns, Fever Control					
Eyes/Eq. Reflex				Dental: Fluoride, Avoid Sweets, Clean Gums, Orthodontic							
ENT/Hearing				Pacifier, No bottle in bed.							
Mouth/Dental				☐ Growing Up Healthy: Brochure Given							
Chest/Lungs				TB Risk A	.ssessment: 🛚 No R	tisk 🛮 Risk					
Heart				ASSESSIV	1ENT		• • •				
Abdomen											
Ext. Genitalia											
Back											
Extremities/Hips											
Neurological	Π										
Fem. Pulses											
					the state of the s						
PLAN					TOBACCO ASSES						
					 Patient is expose Tobacco Smoke. Tobacco Used B Counseled About 	Y ロ y Patient. Y □ t/Referred For I	N □ N □ Tobacco Use				
Next Visit: Patient ID:					Prevention Cess	ation Y 🗆	NO				
r auciil iD.				Exam Date:							
				Signed:							

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Well Child Assessment - 5 to 6 Months

Age:	We	ight:		Length:	***************************************	Augustus (1904–1904), principal principal (1904–1904), principal para para para para para para para p	Head Circ:					
Temp:	Pul	se:		Resp:	*****	***						
INTERVAL HISTOR	Υ			DEVELO	PN	ÆNT 🗆	Normal	□ Abnormal				
Diet: Illness: Problems: Immunization Reaction Allergies: Parental Concerns:				 □ Pulled to Sit-No head Lag □ Reaches for Objects □ Gums Objects □ Babble/Vocalizes with □ Smiles Spontaneously □ Rolls Over Both Ways □ Turns to Sound 								
PHYSICAL EXAMINATION	ON		PM 160 □Yes □No	EDUCATION	ON	(Circle Items Dis	cussed with P	atient/Family				
General Appearance	N	Ab	Abnormalities/Comments	Tobacco:	Sec	st/Formula, Vitamins		m - (1)				
Nutrition		 				en, Poisoning, Safe F	ligh Chair, Child	Proof Home.				
Skin					•	Folk Remedies						
Head, Neck & Nodes	<u> </u>	-		_		k, Play, Exercise, Bo	nding, Schedule	(rising/bed				
Eyes/Eq. Reflex	ļ			time), Offers Cup, Fever Control.								
ENT/Hearing	<u> </u>	ļ		Dental: Fluoride, Avoid Sweets, Clean Gums, No bottle in bed								
Mouth/Dental		ļ		Parameter and Associated Associat	eces e e	p Healthy: Brochu						
Chest/Lungs	ļ	ļ ·				essment: 🗆 No Ris						
Heart	<u> </u>			Gjardiglisht tergaglanggapid	Alfantynig.	sessment: 🗆 No F	Risk □ At Risk					
Abdomen		ļ		ASSESSIV	1EN	T						
Ext. Genitalia		ļ										
Back												
Extremities/Hips												
Neurological												
Fem. Pulses												
DI AAI	<u></u>				1	BACCO ASSESSI	MENT.					
PLAN					1. 2.	Patient is exposed Tobacco Smoke. Tobacco Used By Counseled About/F	to Passive (Se Y ☐ Patient. Y ☐ Referred For To	N 🗆				
Next Visit:	5888W3500				L	Prevention Cessat	ion Y 🛭	N 🗈				
Patient ID:				Exam Date Signed:								

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Well Child Assessment - 7 to 9 Months

Age:	Weight:		Length:	Ondere binde province of the tests operate and the control the channel are described as a second service as a source as a sour	Head Circ:					
Temp:	Pulse:		Resp: Hgb/Hct:							
INTERVAL HISTOR	Y		DEVELO	PMENT []	Normal	□ Abnormal				
Diet: Illness: Problems: Immunization Reaction Allergies: Parental Concerns:			□ Completed a standardized developmental screening tool							
PHYSICAL EXAMINATION	î T	PM 160 □Yes □No		N (Circle Items Dis	lika (III disek Kilika (Kilika (Kilika Kilika Kili					
General Appearance Nutrition Skin Head, Neck & Nodes Eyes/Eq. Reflex ENT/Hearing Mouth/Dental Chest/Lungs Heart Abdomen Ext. Genitalia Back Extremities/Hips Neurological Fem. Pulses	N Ab	Abnormalities/Comments	Corn Syru Tobacco: S Safety: Nutr Car Seats Parenting: Dental: Fir Growing TB Risk As	Second-hand Smoke s, Candy or Popcorn, Ou t, Lead Pottery, Folk Rer Baby Crawl/Stand, Appel uoride, Avoid Sweets. g Up Healthy: Broche ssessment: No Ris Assessment:	utlets, Stairs, Hot medies etite. Spanking/S Teething ring, ure Given	Water, Pools. haking				
PLAN Next Visit:	and the second s			 TOBACCO ASSESS Patient is exposed Tobacco Smoke. Tobacco Used By Counseled About/I Prevention Cessat 	to Passive (Sec Y ☐ Patient. Y ☐ Referred For To	N O				
Patient ID:			Exam Date Signed:							

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Well Child Assessment - 10 to 12 Months

Age:	We	ight:	ong executive popularies of the second executive executi	Length:	väästikideläheläraska <u>uunuuruuruuni</u> stäätikintäähtökääänaväätääädenskidelen ovaikiksiise	Head Circ:					
Temp:	Pul	se:		Resp:							
INTERVAL HISTOR	Y			DEVELOF	MENT	□ Normal	☐ Abnormal				
Diet:				□ Stands N	flomentarily	□ Thumb-F	inger Grasp				
Iliness:				□ Takes few steps holding □ Holds Cup to Drink							
Problems:				Furniture	Furniture ☐ Plays with toys/Places						
Immunization Reaction	:			□ Plays wit	Plays with toys Objects in container						
Allergies:				□ "Ma Ma",	"Da Da"(Knows	🗆 Plays Pat	-a-Cake/Waves				
Parental Concerns:				Specific)	Bye-Bye,	Understands No				
					s to own name	anastanis parakan parakan parakan parakan parakan barakan barakan barakan barakan barakan barakan barakan bara	ocalizations				
PHYSICAL EXAMINATION	ON		PM 160 □Yes □No	EDUCATION	N (Circle Items D	Discussed with I	Patient/Family)				
	Ν	Ab	Abnormalities/Comments	Nutrition: Bre	east/Formula, Solids	, Finger Foods, Cu	p, No Honey/				
General Appearance	<u> </u>			Corn Syrup)						
Nutrition				Safety: Nuts	, Candy or Popcorn.	Outlets, Stairs, H	ot Water. Pools.				
Skin				Car Seats.	Lead Pottery, Folk	Remedies					
Head, Neck & Nodes				Parenting: C	hild Proof Home. D	rowning, Negativis	m, Discipline,				
Eyes/Eq. Reflex				No Shaking							
ENT/Hearing				Dental: Too	oth Brushing/Avoid	Sweets, Bottle C	aries				
Mouth/Dental				□ Growing	Up Healthy: Broo	chure Given					
Chest/Lungs				TB Risk Ass	sessment: 🗆 No l	Risk □ Risk					
Heart				Lead Risk Assessment: □ No Risk □ At Risk							
Abdomen				ASSESSME	NT						
Ext. Genitalia											
Back											
Extremities/Hips							٠.				
Neurological											
Fem. Pulses	İ						and the second				
PLAN					TOBACCO ASSE	ESSMENT:					
☐ Blood Lead Test					Patient is expo Tobacco Smol	,	•				
					2. Tobacco Used	By Patient. Y	N 0				
Next Visit:					 Counseled Ab Prevention Ce 						
Patient ID:	50000-0610-0			**************************************							
				Exam Date:							
				Signed:			• .				

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Well Child Assessment - 13 to 15 Months

Age:	We	ight:		Length:		Head Circ:					
Temp:	Pul	se:		Resp:		Hgb/Hct:					
INTERVAL HISTOR	Υ			DEVELO	PMENT	□ Normal	☐ Abnormal				
Diet: Illness:	Standard Amphilip School		nd delah da bulum sa kalanda delah d	□ Walks \	Well	□ Drinks w	rell from cup				
Problems: Immunization Reaction	:			□ Builds Cubes	Tower With Two	□ Understa Comman	ands Simple ds				
Parental Concerns:				☐ 3 Word Vocabulary ☐ Indicates Wants by pointing and grunting ☐ Waves bye-bye							
PHYSICAL EXAMINATI	ON		PM 160 □Yes □No	EDUCATION	ON (Circle Items	Discussed with	Patient/Family)				
	Ν	Ab	Abnormalities/Comments	Nutrition: T	able Food, Whole M	ilk/24hrs., Vitamins	, Cup				
General Appearance				Tobacco:	Second-hand Smoke						
Nutrition				Safety: Ch	ild Proof Home, Matc	hes, Stove, Bathtu	bs, Teach Hot &				
Skin				-	owning, Leaded Pott						
Head, Neck & Nodes					Self feeding, Simple	-					
Eyes/Eq. Reflex				_	ay Toilet Training, Sh		·				
ENT/Hearing				Dental: F	luoride, Tooth Brus	hing/Avoid Swee	ts, Bottle Caries				
Mouth/Dental				☐ Growin	g Up Healthy: Bro	ochure Given					
Chest/Lungs				TB Risk A	ssessment: 🗆 No	Risk ☐ Risk	# national contribution and a contribution of the contribution of				
Heart				Lead Risk	Assessment: 🗆 N	No Risk □ At Ris	sk				
Abdomen				ASSESSIV	IENT						
Ext. Genitalia											
Back											
Extremities/Hips											
Neurological											
Fem. Pulses											
Gait											
PLAN		-		***************************************	TOBACCO ASSE						
Next Visit:					Patient is expo Tobacco Smok Tobacco Used Counseled Abo Prevention Ces	By Patient. Y Dout/Referred For	N □ N □ Tobacco Use				
Patient ID:					The control of the second control of the sec						
				Exam Date:							
				Signed:							
				_							

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Well Child Assessment - 16 to 23 Months

Age:	Wei	ight:	The second secon	Length:	Head Circ:						
Temp:	Pul	se:		Resp:			·				
INTERVAL HISTOR	Ϋ́			DEVELO	PMENT	□ Normal	□ Abnormal				
Diet: Illness: Problems: Immunization Reaction Parental Concerns:	1:		and the second s	☐ Completed a standardized developmental screening tool							
PHYSICAL EXAMINATI	ON	I	PM 160 □Yes □No	EDUCATION	ON (Circle Item	s Discussed with I	Patient/Family)				
	N	Ab	Abnormalities/Comments	Nutrition: T	Three Meals/Day S	nacks/Avoid Junk Foo	od				
General Appearance				Tobacco:	Second-hand Smo	ke					
Nutrition				Safety: Str	eets, Refrigerator,	Freezer, Electrical Ou	itlets, Hot Water,				
Skin			j	Drowning	, Lead Pottery, Fo	lk Remedies, Smoke I	Detector				
Head, Neck & Nodes				Parenting:	Play With Other C	hildren, Toilet Trainin	g, Temper				
Eyes/Eq. Reflex				Tantrums	s, Play, Discipline,	Touching Genitals, Fe	ver Control				
ENT/Hearing				Dental: Fi	luoride, Tooth Bri	ushing/Avoid Sweets	s, Bottle Caries,				
Mouth/Dental			j	Importar	eth.						
Chest/Lungs				☐ Growin	g Up Healthy: E	Brochure Given					
Heart				TB Risk Assessment: ☐ No Risk ☐ Risk							
Abdomen			ODZIZOVANIA PO	Lead Risk	Assessment:	□ No Risk □ At Ris	K				
Ext. Genitalia				ASSESSIV	IENT						
Back											
Extremities/Hips											
Neurological											
Fem. Pulses											
Gait											
PLAN	STATISMINION				TOBACCO ASS						
Next Visit: Patient ID:	ASSESSION AND AND AND AND AND AND AND AND AND AN	enesvena (1900)	neg monoto con en en el monoto de la fini fini de la fin		Tobacco Sm 2. Tobacco Use	oosed to Passive (Soke. Y □ ed By Patient. Y □ bout/Referred For Tessation Y □	N □ N □ obacco Use				
adom io				Exam Date:							
				Signed:							

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Well Child Assessment - 2 Years

Age:	Wei	ght:		Length:		Hgb/Hct:	ante en semante en transcomi de la companio de la c				
Temp:	Puls	e:		Resp:	3. ************************************						
INTERVAL HISTOR	Υ			DEVELO	PMENT	□ Normal	□ Abnormal				
Diet:				☐ Comple	eted a standard	ized developmenta	I screening tool				
Illness:											
Problems:											
Immunization Reaction	:										
Parental Concerns:											
PHYSICAL EXAMINATION	281		PM 160 □Yes □No	EDUCATI	ON (Cirolo Itom	ns Discussed with	Potiont/Family)				
PHYSICAL EXAMINATION		*************			San et l'égles para autorité au son de la company de l La company de la company d	is Discussed with ie, Snacks, Lowfat Mil					
Canada Annogramo	N	Ab	Abnormalities/Comments	-	•	ie, Shacks, Lowlat Mil	k Optional, No				
General Appearance				food as r		l.a					
Nutrition					Second-hand Smo		alaanina				
Skin				1 .		, Falls, Burns, Lead P					
Head, Neck & Nodes				1		sily, Bumps, Rough &	Tullible Flay,				
Eyes/Vision				Walks Up and Down Stairs. Guidance: Toilet Training, Exercises, Peer Play, Accept							
ENT/Hearing				1	sm. TV Progran		ay, Accept				
Mouth/Dental	\vdash			1	_						
Chest/Lungs				Dental: Tooth Brushing, Bottle Caries ☐ Growing Up Healthy: Brochure Given							
Heart				TB Risk Assessment: No Risk Risk							
Abdomen					oten er en mer en er en	□ No Risk □ At Ris	V				
Ext. Genitalia				ASSESSN							
Back				ASSESSIV	ILIVI	,					
Extremities											
Neurological				1							
Fem. Pulses				DMI	- matila .						
Gait PLAN	. 1940 PQC 14 JS	150000000000000000000000000000000000000		BMI perc	TOBACCO AS	SESSMENT:					
☐ Blood Lead Test						posed to Passive (S	econd-hand)				
						ioke. Y 🗋	•				
					2 Tabasas IIs	ad By Batiant V	N 🖯				
2. Tobacco Used By Patient. Y □											
					1	Nout/Referred For 1					
Next Visit:		ensure is			Prevention (Cessation Y	NO				
Patient ID:				Exam Date:							
<u>.</u>				Signed:							

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Well Child Assessment - 3 Years

Weight:	et (1994 contraction of the cont		Length:	Hgb/Hct:			
Pulse:			Resp:	BP:			
0 40	000	Vision					
dB	dВ	L	R				
dB	dВ	Both					
Y			DEVELOPMENT	□ Normal □ Abnormal			
	99-20-20-20-20-20-20-20-20-20-20-20-20-20-		☐ Completed a standardized developmental screening tool				
ON I	PM 160 🗆	res □No	,	Items Discussed with Patient/Family)			
N Ab	-		Nutrition: 3 Meals/Day S Tobacco: Second-hand Safety: Streets, Refriger Drowning, Lead Potter Parenting: Play With Of Tantrums Dental: Routine Preve Growing Up Health TB Risk Assessment Lead Risk Assessment ASSESSMENT BMI percentile:	Snacks. Avoid Junk Food Smoke rator, Freezer, Electrical Outlets, Hot Water. ry, Folk Remedies, Smoke Detector ther Children, Toilet Training, Temper entive Dental Visits, Brushing, Flossing hy: Brochure Given Do Risk Risk ht: No Risk At Risk			
				ASSESSMENT:			
iental Car	re		Tobacci 2. Tobacci 3. Counse Prevent Exam Date:	is exposed to Passive (Second-hand) o Smoke. Y □ N □ o Used By Patient. Y □ N □ eled About/Referred For Tobacco Use cion/Cessation Y □ N □			
	Pulse: ON I N Ab	Pulse: 0 4000 dB dB dB dB Y	Pulse: O 4000 Vision dB dB L dB dB Both Y CON PM 160 Yes No N Ab Abnormalities/Comments	Pulse: Resp: Resp			

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Well Child Assessment - 4 to 5 Years

Age:		Wei	ght:	rigina (ga ng manara mara a gangara na samara 1926)	aante aaste se massa äännäk aannevad aasten mike visteläät ekk	Length:	Hgb/Hct:										
Temp:		Pul	se:	<u>, , , , , , , , , , , , , , , , , , , </u>		Resp:			BP:								
Hearing	2000 300	00	40	00	Vision			Urine									
L dB	dB		dB	dB	L		R	Protein	Sugar	Blood	d	Other					
R dB	dB		dB	dB	Both												
	AL HISTOR	Ϋ́				DEVELOPMENT Normal Abnormal											
Diet: Illness:						☐ Gives First and Last name ☐ Enjoys Making Up &☐ Can sing a song Telling Stories											
Problems:						I	ew letters/i	numbers	☐ Walks E			kips &					
	tion Reaction	ì:							Hops		, -						
Parental C	oncerns:																
	EXAMINATI	ON	F	PM 160 □\	∕es □No	EDUCATION	ON (Circle	Items Disc	cussed wit	h Patie	ent/Fa	mily)					
		Ν	Ab	Abnormalitie	es/Comments	ents Nutrition: 3 Meals and Snacks. Importance of Breakfast											
General A	ppearance					Tobacco: 3	Second-hand	Smoke									
Nutrition						Safety: Saf	ety Belts, Bio	cycle Safety,	Burns, Wate	er Safet	ty, Mat	ches,					
Skin						Watch Outdoor Play, Swimming Lessons, Lead Poisoning											
Head, Nec	k & Nodes					Parenting: T.V. Programs, School, Role Playing, Aggression											
Eyes/Visio	n					Sexual Abuse											
ENT/Heari		 					reventive De			Flossin	g						
Mouth/Der		 				mountaine a vertire di Vitaria de Anglida de	g Up Healt		facilianes differencycus Augustaleys en		National Contract						
Chest/Lun	gs	-				CONTRACTOR	ssessment		k □ Risk	and a graduate of the second s							
		-					iven: ☐ Ye										
Heart		ļ					Assessme	nt: 🗆 No R	lisk 🗌 At F	₹isk							
Abdomen		 				ASSESSIV	ENT	**************************************	THE REPORT OF THE PERSON NAMED AND THE PERSON NAMED		******						
Ext. Genita	alia	-															
Back		ļ															
Extremitie		 															
Neurologie Fem. Puls		 															
Gait	65	1				BMI perce	ntile										
PLAN		L				TOM POICE		ASSESSA	/IENT:								
	r Preventive [Denta	al Car	°e		TOBACCO ASSESSMENT: 1. Patient is exposed to Passive (Second-hand) Tobacco Smoke. Y \(\text{N} \) \(\text{N} \) \(\text{D} \)											
Next Visit:	OCCUPANTAL PROPERTY OF THE PRO	TOTAL AND THE STATE OF THE STAT						led About/F ìon Cessati		r Toba∉ ′ ⊟	cco U: N E						
Patient ID:																	
					Exam Date:												
Signed:																	
I						1											

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Well Child Assessment - 6 to 8 Years

Age:		We	ight:			Length: Hgb/Hct:								
Temp:		Pul	se:			Resp:		7,-	BP:					
Hearing														
1000	2000 300	0	40	000	Vision		****	Urine			200,000 200 200 200 200 200 200 200 200			
L dB	dB		dB	dB	L	***************************************	₹	Protein	Sugar	Blood	Other			
R dB	dB		dB	dB	Both									
INTERV/	AL HISTOR	Υ				DEVELOPMENT 🗆 Normal 🗀 Abnormal								
Diet:	alian oo	alahin menjada pelini	Samuel Sa			☐ Can Walk a Chalk Mark ☐ Follows Rules								
Illness:						☐ Knows Right from Left ☐ Rides Bicycles								
Problems:						☐ Interacts								
	tion Reaction	:				☐ Develops			_	e of what t	o do			
Parental C	oncerns:					and the	confidenc	e and abili	ty to do it.					
PHYSICAL	EXAMINATION	ON	F	PM 160 □Y	/es □No	EDUCATIO	N (Circle	Items Disc	ussed with	n Patient/Fa	amily)			
	<u>, , </u>	N	Ab	Abnormalitie	es/Comments	Nutrition: Jui	nk food and	Others, Exe	rcise	okolikusustika la <u>nni dan melutia vidusa mel</u> ut				
General A	ppearance				The state of the s	Tobacco: Se	econd-hand	Smoke						
Nutrition						Safety: Wate	er Safety, S	eat Belts, Bu	rns, Drugs, E	Bicycle Helm	et			
Skin						Parenting: Early Sex Education, Discipline, Reading, Bed Time								
Head, Nec	k & Nodes					Guidance: TV Programs, School								
Eyes/Visio	n					Dental: Pre	eventive De	ental Visits,	Brushing, F	lossing				
ENT/Heari	ng					□ Growing	Up Healtl	ny: Brochu	re Given					
Mouth/Der	ntal					TB Risk As:	sessment	: 🛘 No Risl	k □ Risk_					
Chest/Lun	gs					ASSESSME	NT							
Heart														
Abdomen														
Ext. Genita	alia													
Back														
Extremitie	S													
Neurologi	cal													
Fem. Puls	es													
Gait						BMI percen								
PLAN	***************************************							ASSESSI			***************************************			
□ Refer to	r Preventive D	enta)	al Car	ie				is exposed Smoke.	to Passive (Y		,			
							TODACC) SHOKE.	ı	LI IN L	I			
						2. Tobacco Used By Patient. Y □ N □								
										. **** . I.	l			
Next Visit:						ľ		led About/H ion Cessati	leferred For	· Tobacco U □ N [
Patient ID:							. , 0 (0) (000000		FV 1.				
						Exam Date:								
						_	··· ··································		 	,				
						Signed: _				-				

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Well Child Assessment - 9 to 12 Years

Age:		Weight:				Length:	Lab/Late	Hgb/Hct:					
Age.		aacidur.				Lengui.	Hgb/Hct:						
Temp:		Puls	e:			Resp:	BP:	BP:					
Hearing	2000 300	0	40	00	Vision		Urine						
L dB	dB		dB	dB	L	R	Protein	Sugar	Blood	Other			
R dB	dB		dB	dB	Both								
	AL HISTOR					DEVELOPMEN	r	l Normal	LΩAh	normal			
Diet: Parental Concerns:													
Illness:		ngs:		nocins.		☐ School progress ☐ Learns new skills							
		_	/Tak			☐ Can understand another ☐ Follows Rules/Understants							
Problems:				pacco/Drug	5	Point of view		Conseq					
Sexual Act	•	101101	nair	Health:		☐ Shares in household chores ☐ Maintains peer Relationships							
Menstruat	ion:					☐ Learns from Mistakes and Failures, Tries again							
			oh=7.000555 <u>0</u>			☐ Participates in larger groups (e.g. sports team)							
PHYSICAL	. EXAMINATI	3 ·····		PM 160 □Y		EDUCATION (Circle Items Discussed with Patient/Family)							
		N /	Ab.	Abnormalitie	s/Comments	Nutrition: Nutrition vs. Junk Food, Read Labels. Exercise/Physical							
	ppearance					Activity							
Nutrition						Tobacco: Health Effects, Avoid Chewing/Cigarette/Cigar Use							
Skin						Safety: Seat Belt, Drowning, Helmet, Alcohol/Drugs/Tobacco							
Head, Neck & Nodes				Guns/Gangs Parenting: Independence, Sex Education, Peer Pressure, Puberty									
Eyes/Vision ENT/Hearing						Dental: Preventive Dental Visits, Brushing, Flossing							
ENT/Hearing Mouth/Dental						☐ Growing Up He		~ ~ .	· iossiriy				
Chest/Lun						TB Risk Assessme	navalanda karantara matembara matembara	and the second second second second second					
	9-					TB Test Given: □ Yes Date							
Heart						ASSESSMENT							
Abdomen								······					
Ext. Genita	alia												
Back/Scoli													
Extremitie	S												
Neurologio	cal												
Fem. Pulse	es												
			and a graph of the control of			BMI percentile:	Pilipani (2004) ka kusu wasani ili siw						
PLAN				- Company of the same of the same	·····	TOBAC	CO ASSESS	MENT:					
□ Refer fo	r Preventive D	ental)	Car	e		Toba	cco Smoke.	to Passive of Y Patient. Y	D N D				
Next Visit:						Counseled About/Referred For Tobacco Use Prevention Cessation Y □ N □							
Patient ID:													
						Exam Date:							
						Signed:							

Well Child Assessment - 13 to 16 Years

[A a a :		3.6.1			Many and the second second	I onoth			Hah/Hct·					
Age:		Weight:				Length:			Hgb/Hct:					
Temp:		Pulse:				Resp:			BP:					
Hearing														
1000	2000 300	4(000	Vision			Urine							
L dB	dB		dB	dB		an kiranga kemungkat Angereka at Armana ang di nagkembangkat Abarania Armat.	R	Protein	Sugar	Blood	Other			
R dB	dB		dB	dB	Both									
	AL HISTOR	Y	n), ili provincio de la company						Espanico de la companya de la compa					
Diet:		Vien	tal H	ealth	er en	☐ Sets Goals and Works ☐ Maintains Peer Relationships								
Iliness:				Гоbассо/Dr	uas	Toward Achieving Them								
Problems		Gan			-	☐ Takes on New Responsibility ☐ Improved Social Skills								
Sexual Ac			_	Concerns:		☐ Maintains family relationships								
Menstruat	-			al Health:					Wilder	io iditiny io	tation to mpo			
Wiorioti Gat				W. 1.10W.										
PHYSICAL	EXAMINATI	ON	SKIEGO ANGELONIE	PM 160 □\	∕es ⊡No	EDUCATION (Circle Items Discussed with Patient/Family)								
		N	Ab	Abnormaliti	es/Comments	Nutrition: 3 Meals/Nutritious Snacks, Read Food Labels								
General A	ppearance					Tobacco:	Tobacco: Health Effects, Avoid Chewing/Cigarette/Cigar Use							
Nutrition						Safety: Seat Belt, Helmet, Guns/Gangs, Drowning								
Skin						Parenting: Alcohol/Drugs, Contraception, Risk Taking Behavior								
Head, Nec	k & Nodes					Need for Parent's Respect								
Eyes/Visio	on					Dental: Preventive Dental Visits, Brushing, Flossing								
ENT/Heari	ng					Self Care: Testicular/Breast Self Exam, Abstinence/Contraception					ception			
Mouth/De	ntal					☐ Growin	□ Growing Up Healthy: Brochure Given							
Chest/Lungs						TB Risk Assessment: 🗆 No Risk 🗈 Risk								
						TB Test G	iven: 🗆 Ye	s Date						
Heart						ASSESSN	TENT							
Abdomen		<u> </u>												
Ext. Genit	alia	<u> </u>												
Back/Scol		<u> </u>	ļ											
Extremitie	es .	ļ		ļ										
Neurologi		<u> </u>												
Fem. Puls	es	 	-	1										
DI AN		<u> </u>				BMI perce	ntile:	1 4 CC C C C	MENIT.					
PLAN	r Preventive I)ont	al Ca	r _Q	many mana appearant sepandanta appearant		<u> </u>	is exposed		(Second-h	/hac			
. L. Neiei id	or Freventive t	Jei II	ai Va	16				o Smoke.		′□ N				
							2. Tobacc	o Used By I	Patient. Y	'0 N				
Next Visit:								led About/F			Use I □			
Patient ID:		60064 pr 10.140	Vapido, e per estina											
						Exam Date:								
						Signed:								
						J.g.i.cu.				_				

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Well Child Assessment - 17 to 20 Years

Age:		We	ight:	de en de en	anna ann an Shire Marachara a mhriothra paintir seò achailte de Meille	Length:			Hgb/Hct:					
Temp: Pulse:						Resp:			BP:					
Hearing	2000 30	00	40	000	Vision	R	R Urine							
L dB	dB		dB	dB	L	Protein Sugar Blood					Other			
R dB	dB	T	dB	dB	Both									
	L HISTOR	RY				DEVELOPME	NT		lormal	Abı	normal			
Diet:	***************************************	Men	tal He	alth		☐ Acts Responsibly for Self ☐ Exhibits Capacity for								
Illness:		Alco	hol/T	obacco/Dr	ugs	☐ Maintains School Achievement Empathy, Reciprocity in								
Problems:		Gan				☐ Maintain Family Relationships								
Sexual Act	tivitv:		_	Concerns:		☐ Improved Socia		•	□ Job/Fut		•			
Menstruati	•	Emo	otiona	al Health:		☐ Takes on new responsibilities								
PHYSICAL	. EXAMINAT	ION	ersonesena. I	PM 160 □Y	′es ⊡No	EDUCATION (Circle Items Discussed with Patient/Family)								
	/////////////////////////////////////	N	Ab	Abnormalitie	es/Comments	Nutrition: 3 Meals/Nutritious Snacks.								
General A	ppearance	1		100		Tobacco/Drugs/Alcohol: Health Effects								
Nutrition						Safety: Seat Belt, Helmet, Risk Taking Behavior								
Skin/Acne						Dental: Preventive Dental Visits, Brushing, Flossing								
Head, Neck & Nodes					Self Care: Self Testicular/Breast Exam, Adequate Exercise,									
Eyes/Vision				1		Contraception								
ENT/Hearing					☐ Growing Up Healthy: Brochure Given									
Mouth/Dental					TB Risk Assessi	mení	∷ □ No Risk	□ Risk						
Chest/Lun	gs					ASSESSMENT								
Heart														
Abdomen														
Ext. Genitalia			-											
Back/Scoli		┦—	<u> </u>											
Extremitie		-	ļ			·								
Neurologic		-	ļ											
Femoral P	ulses					D 5 81								
PLAN			j			BMI percentile:	CCC) ASSESSM	FNT:					
	r Preventive	Dent	al Cai	re		TOBACCO ASSESSMENT: 1. Patient is exposed to Passive (Second-hand)								
						Tobacco Smoke. Y □ N □ 2. Tobacco Used By Patient. Y □ N □								
Next Visit:						1		led About/Retion Cessatio		r Tobacco U				
Patient ID:														
						Exam Date:								
						Signed:								

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