

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

1. Nutritional Evaluation (all ages - each screen) (✓ if applicable) Nutrition/WIC Questionnaires available from (913) 296-0092.
 Enrolled in WIC Receiving Vitamin Supplement with iron Without iron Fluoride Supplement

Food intake review. Results:
 milk/milk products (breastfed/type of formula) _____
 fruit/vegetables _____
 meat, beans, eggs _____
 breads, cereals _____

2. Development: Type of screen _____	Results _____	
3. Speech: Type of screen _____	Results _____	
4. Hearing: Type of screen _____	Results _____	Date of last screen _____
5. Vision: Type of screen _____	Results _____	Date of last screen _____

Significant Assessment Findings:

Recommendations: (include referrals)

Follow Up:

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 | |

Comments:

Additional Information may be attached

Date Signature of Licensed Physician or Nurse approved to perform health assessments.