Comprehensive Health Assessment

30 Months Old	Actual Age:	Date:
Medical Record #		
Gender	☐Male ☐Female	
Accompanied by	☐Mother ☐Father ☐Other:	
Parent's Primary Language		
Interpreter Requested	☐Yes ☐No ☐Refused	
Name of Interpreter		

Intake		Vital Signs	
Allergies		Temp	
Height		Pulse	
Weight		Resp	
BMI Value		BMI %	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		
Dental Provider	Last visit date:		

Chronic Problems/Significant Conditions: ☐ See Problem List

Current Medications/Vitamins: ☐ See Medication List

Interval History		
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (> 60 min/day)	
Sleep Pattern	☐ Regular ☐ Sleep regression ☐ Night time fears	
Fluoridated Water Supply	☐ Yes ☐ No	
Fluoride Varnish	Date last applied:	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease	☐ HTN	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 YO
☐ Other:		
Psychosocial & Behavioral Assessment, Family/ Social Factors	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ Family stressors (mental illness, drugs, violence/abuse)	
Lives with	☐ 1 Parent ☐ 2 Parents ☐ Other:	

Name: DOB:

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	☐ H&P, ☐ Other:	☐	☐
Blood Lead	☐ Lead Assessment, ☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Developmental Disorder	☐ ASQ-3, ☐ SWYC, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ H&P, ☐ Other:	☐	☐
Intimate Partner Violence	☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Psychosocial / Behavioral	☐ PSC, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ H&P, ☐ Other:	☐	☐

Growth and Development		
☐ Balances on each foot, 1 second	☐ Eats independently	☐ Helps in dressing
☐ Uses 3-word sentences	☐ Goes up stairs alternating feet	☐ Draws a single circle
☐ Plays with other children	☐ Knows age, sex, first, & last name	☐ Cuts with scissors

Physical Examination		WNL
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. closed	☐
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see	☐
Ears	Canals clear, TMs normal Appears to hear	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I ☐ II ☐ III ☐ IV ☐ V ☐	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal Tanner stage: I ☐ II ☐ III ☐ IV ☐ V ☐	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction	☐
Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐

Name: DOB:

Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

☐ WIC	☐ Optometrist / Ophthalmologist	☐ Audiologist
☐ Dentist	☐ Dietician / Nutritionist	☐ Pulmonologist
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ Other:		

Orders

☐ COVID 19 vaccine	☐ MMR	☐ CBC / Basic metabolic panel
☐ DTaP	☐ PPSV	☐ Hct / Hgb (if high risk)
☐ Hep A vaccine (if not up to date)	☐ PPSV (if high risk)	☐ Lipid panel (if high risk)
☐ Hep B vaccine (if not up to date)	☐ Varicella (2nd Dose)	☐ PPD skin test ☐ QFT
☐ IPV	☐ Blood Lead (if not in chart)	☐ CXR ☐ Urinalysis
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	☐ ECG ☐ COVID 19 test
☐ Meningococcal (if high risk)	☐ Rx Fluoride drops / chewable tabs 0.25-0.50 mg QD (PRN through age 4)	☐ Fluoride varnish application
☐ Other:		

Anticipatory Guidance (AG) / Education (√ if discussed)

Diet, Nutrition & Exercise

☐ Weight control / obesity	☐ Vegetables, fruits	☐ Meal socialization
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
☐ Physical activity / exercise	☐ Regular balanced meal with snacks	☐ No bottles

Accident Prevention & Guidance

☐ Lead poisoning prevention	☐ Seat belt /Toddler car seat	☐ Independence
☐ Routine dental care	☐ Safety helmet	☐ Make-believe / role play
☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Dressing self
☐ Fluoride varnish treatment	☐ Matches / burns	☐ Reading together / school readiness
☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Knows name, address, & phone number
☐ Caution with strangers	☐ Poison control phone number	☐ Plays with other children
☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
☐ Falls	☐ Hot water temp < 120° F	☐ Bedtime
☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	**Title**	**Date**

Notes (include date, time, signature, and title on all entries)