

PROGRESS RECORD AGE 3 – 5 DAYS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH
<u>BIRTH HISTORY</u>	TEMP _____ PULSE _____		LABORATORY: HEREDITARY / METABOLIC SCREEN IF NOT DONE IN HOSPITAL: <ul style="list-style-type: none"> • HEMOGLOBINOPATHY • THALESSEMIA • PKU • THYROID • GALACTOSEMIA • OTHER STATE REQUIREMENTS • SICKLE CELL DISEASE • CONGENITAL HYPOTHYROIDISM IMMUNIZATIONS: HEPATITIS B – 1 ST DOSE IF NOT GIVEN IN HOSPITAL EDUCATION: DIET/NUTRITION: <ul style="list-style-type: none"> • BREAST CARE • FEEDINGS • FLUORIDE • VITAMINS-IRON • SUPPLEMENTS BEHAVIOR: <ul style="list-style-type: none"> • SLEEPING • COUGHS/SNEEZING • CONSTIPATION • NASAL CONGESTION • CRYING SAFETY/INJURY PREVENTION: <ul style="list-style-type: none"> • CAR SEAT(REAR-FACING) • FALL PREVENTION • CAREGIVERS • WATER TEMPERATURE • CO-SLEEPING • SECOND HAND SMOKE • FIREARM SAFETY • INFANT CPR • SUN EXPOSURE GUIDANCE: <ul style="list-style-type: none"> • CORD CARE • CIRCUMCISION CARE • SIBLINGS • SLEEP POSITION SIDS • THERMOMETER USE • SIGNS OF ILLNESS PARENTAL WELL BEING <ul style="list-style-type: none"> • FATIGUE • POST-PARTUM DEPRESSION
BIRTH WT	Ht _____ (_____ %)		
COMPLICATIONS DURING PREGNANCY (Substance use, Pre-eclampsia)	Wt _____ (_____ %)		
LENGTH OF GESTATION	HC _____ (_____ %)		
VAGINAL OR C-SECTION DELIVERY	NORMAL = N ABNORMAL = X NOT EXAMINED = —		
ANESTHESIA	GENERAL APPEARANCE		
APGAR SCORES	SKIN		
AGE AT DISCHARGE	HEAD		
DISCHARGE WT	EYES		
<u>FEEDING HISTORY</u>	RED REFLEX		
BREAST FEEDING	ENT		
BOTTLE FEEDING FORMULA:	CLAVICLES		
FREQUENCY DAYTIME _____	THORAX		
NIGHTTIME _____	LUNGS		
AMOUNT PER FEEDING _____	HEART		
DURATION OF FEEDING TIME _____	FEMORAL PULSES		
<u>WET DIAPER</u> APPROXIMATE NUMBER PER 24 HOURS _____	ABDOMEN		
	UMBILICAL CORD		
	EXTERNAL GENITALIA		
<u>STOOLS</u> APPROXIMATE NUMBER PER 24 HOURS _____	EXTREMITIES		
CONSISTENCY	HIPS		
	NEUROLOGIC		
	HEARING		

ASSESSMENT:

PLAN:

NEXT APPOINTMENT: _____ SIGNATURE _____ DATE: _____

PROGRESS RECORD AGE 1 MONTH

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH
<u>INTERVAL HISTORY</u>	TEMP _____ PULSE _____		IMMUNIZATIONS: HEPATITIS B 1 ST DOSE IF NOT GIVEN IN HOSPITAL EDUCATION: DIET/NUTRITION: <ul style="list-style-type: none"> ▪ BREAST CARE ▪ FEEDINGS ▪ FLUORIDE ▪ VITAMINS-IRON ▪ SUPPLEMENT BEHAVIOR: <ul style="list-style-type: none"> ▪ SLEEPING ▪ COUGHS/SNEEZING ▪ CONSTIPATION ▪ NASAL CONGESTION ▪ CRYING SAFETY/INJURY PREVENTION: <ul style="list-style-type: none"> ▪ CAR SEAT (REAR-FACING) ▪ SAFE HANDLING ▪ CRIB/PLAYPEN SAFETY ▪ FALL PREVENTION ▪ CAREGIVERS ▪ WATER TEMPERATURE ▪ CO-SLEEPING ▪ PETS ▪ SECOND HAND SMOKE ▪ FIREARM SAFETY ▪ INFANT CPR GUIDANCE: <ul style="list-style-type: none"> ▪ CORD CARE ▪ CIRCUMCISION CARE ▪ SIBLINGS ▪ SLEEP POSITION/ SIDS ▪ THERMOMETER USE ▪ IMMUNIZATION SCHEDULE ▪ SIGNS OF ILLNESS PARENTAL WELL BEING <ul style="list-style-type: none"> ▪ FATIGUE ▪ POST-PARTUM DEPRESSION ▪ POST PARTUM APPT
PARENTAL CONCERNS:	Ht _____ (_____ %)		
DIET:	Wt _____ (_____ %)		
ILLNESSES:	HC _____ (_____ %)		
	NORMAL = N ABNORMAL = X NOT EXAMINED = —		
	GENERAL APPEARANCE		
	SKIN		
	HEAD		
	EYES		
	RED REFLEX		
	FONTANELS		
	NECK		
	ENT		
	CHEST		
	LUNGS		
<u>GROWTH & DEVELOPMENT</u>	HEART		
REGARDS VISUALLY	FEMORAL PULSES		
EQUAL MOVEMENTS	ABDOMEN		
RESPONDS TO SOUND	BACK		
LIFTS HEAD BRIEFLY	EXTERNAL GENITALIA		
	EXTREMITIES		
	HIPS		
	NEUROLOGIC		
ASSESSMENT:			
PLAN:			
NEXT APPOINTMENT: _____ SIGNATURE _____ DATE: _____			

PROGRESS RECORD AGE 2 MONTHS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH
<u>INTERVAL HISTORY</u>	TEMP _____ PULSE _____		IMMUNIZATIONS: <ul style="list-style-type: none"> ▪ DTaP (Pentacel)#1 ▪ IPV (Pentacel)#1 ▪ HIB (Pentacel)#1 ▪ PCV (Prenar 13) #1 ▪ HEP B #2 ▪ ROTATEQ #1 EDUCATION: DIET/NUTRITION: <ul style="list-style-type: none"> ▪ FEEDING ROUTINE ▪ FLUORIDE ▪ VITAMINS-IRON ▪ SUPPLEMENTS/SOLIDS BEHAVIOR: <ul style="list-style-type: none"> ▪ COUGHS ▪ SNEEZING ▪ CONSTIPATION ▪ NASAL CONGESTION ▪ CRYING SAFETY/INJURY PREVENTION: <ul style="list-style-type: none"> ▪ CAR SEAT (REAR-FACING) ▪ CRIB/PLAYPEN SAFETY ▪ CAREGIVERS ▪ WATER TEMPERATURE ▪ CO-SLEEPING ▪ SECOND HAND SMOKE ▪ FIREARM SAFETY ▪ INFANT CPR GUIDANCE: <ul style="list-style-type: none"> ▪ SIBLINGS ▪ IMMUNIZATIONS SCHEDULE & REACTIONS ▪ FEVER ▪ ACETAMINOPHEN ▪ STIMULATION ▪ SLEEP POSITION ▪ ORAL HEALTH ▪ SIGNS OF ILLNESS PARENTAL WELL BEING <ul style="list-style-type: none"> ▪ FATIGUE ▪ POST-PARTUM DEPRESSION ▪ RETURNING TO WORK
PARENTAL CONCERNS:	Ht _____ (_____ %)		
DIET:	Wt _____ (_____ %)		
ILLNESSES:	HC _____ (_____ %)		
	NORMAL = N		
	ABNORMAL = X		
	NOT EXAMINED = —		
	GENERAL APPEARANCE		
	SKIN		
	HEAD		
	EYES		
	RED REFLEX		
	ENT		
	CLAVICLES		
	THORAX		
	LUNGS		
	HEART		
	FEMORAL PULSES		
<u>GROWTH & DEVELOPMENT</u>	ABDOMEN		
PRONE	UMBILICAL CORD		
SMILES	EXTERNAL GENITALIA		
LIFTS HEAD 45°	EXTREMITIES		
FOLLOWS FACES	HIPS		
VOCALIZES	NEUROLOGIC		
KICKS	DEVELOPMENT SURVEILLANCE		
	PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT		

ASSESSMENT:

PLAN:
NEXT APPOINTMENT: _____ SIGNATURE _____ DATE: _____

PROGRESS RECORD AGE 4 MONTHS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH																																								
<p><u>INTERVAL HISTORY</u></p> <p>PARENTAL CONCERNS:</p> <p>DIET:</p> <p>ILLNESSES:</p> <p><u>GROWTH & DEVELOPMENT</u></p> <p>SLEEPS THROUGH NIGHT</p> <p>EYES FOLLOW 180°</p> <p>HEAD STEADY WHILE SITTING</p> <p>GRASPS RATTLE</p> <p>SQUEALS/VOCALIZES</p> <p>ROLLS ONE WAY</p>	<p>TEMP _____ PULSE _____</p> <p>Ht _____ (_____ %)</p> <p>Wt _____ (_____ %)</p> <p>HC _____ (_____ %)</p> <p>NORMAL = N ABNORMAL = X NOT EXAMINED = —</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">GENERAL APPEARANCE</td> <td style="width: 20%;"></td> </tr> <tr> <td>SKIN</td> <td></td> </tr> <tr> <td>HEAD</td> <td></td> </tr> <tr> <td>EYES</td> <td></td> </tr> <tr> <td>RED REFLEX</td> <td></td> </tr> <tr> <td>ENT</td> <td></td> </tr> <tr> <td>CLAVICLES</td> <td></td> </tr> <tr> <td>THORAX</td> <td></td> </tr> <tr> <td>LUNGS</td> <td></td> </tr> <tr> <td>HEART</td> <td></td> </tr> <tr> <td>FEMORAL PULSES</td> <td></td> </tr> <tr> <td>ABDOMEN</td> <td></td> </tr> <tr> <td>UMBILICAL CORD</td> <td></td> </tr> <tr> <td>EXTERNAL GENITALIA</td> <td></td> </tr> <tr> <td>EXTREMITIES</td> <td></td> </tr> <tr> <td>HIPS</td> <td></td> </tr> <tr> <td>NEUROLOGIC</td> <td></td> </tr> <tr> <td>DEVELOPMENT SURVEILLANCE</td> <td></td> </tr> <tr> <td>PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	GENERAL APPEARANCE		SKIN		HEAD		EYES		RED REFLEX		ENT		CLAVICLES		THORAX		LUNGS		HEART		FEMORAL PULSES		ABDOMEN		UMBILICAL CORD		EXTERNAL GENITALIA		EXTREMITIES		HIPS		NEUROLOGIC		DEVELOPMENT SURVEILLANCE		PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT					<p>IMMUNIZATIONS:</p> <ul style="list-style-type: none"> ▪ DTaP (Pentacel)#2 ▪ IPV (Pentacel)#2 ▪ HIB (Pentacel)#2 ▪ PCV (Pentacel)#2 ▪ ROTATEQ #2 <p>EDUCATION:</p> <p>DIET/NUTRITION:</p> <ul style="list-style-type: none"> ▪ SOLIDS ▪ BOTTLES AT BEDTIME <p>BEHAVIOR:</p> <ul style="list-style-type: none"> ▪ REACHING FOR OBJECTS ▪ ROLLS OVER ▪ SLEEPING PATTERNS <p>SAFETY/INJURY PREVENTION:</p> <ul style="list-style-type: none"> ▪ CAR SEAT (REAR-FACING) ▪ CRIB/PLAYPEN SAFETY ▪ FALL PREVENTION ▪ SAFE PLACES TO LEAVE CHILD ▪ CAREGIVERS ▪ CHOKING HAZARDS ▪ WATER TEMPERATURE ▪ CO-SLEEPING ▪ AVOID WALKERS ▪ SECOND HAND SMOKE ▪ FIREARM SAFETY ▪ INFANT CPR <p>GUIDANCE:</p> <ul style="list-style-type: none"> ▪ URI ▪ TEETHING ▪ DROOLING ▪ PACIFIER ▪ DIARRHEA ▪ VOMITING ▪ STIMULATION ▪ IMMUNIZATION SCHEDULE AND REACTION ▪ SLEEP POSITION/SIDS <p>PARENTAL WELL BEING</p> <ul style="list-style-type: none"> ▪ FATIGUE ▪ POST-PARTUM DEPRESSION ▪ RETURNING TO WORK
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PROGRESS RECORD AGE 6 MONTHS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH IMMUNIZATIONS:																																						
<p><u>INTERVAL HISTORY</u></p> <p>PARENTAL CONCERNS:</p> <p>DIET:</p> <p>ILLNESSES:</p> <p><u>GROWTH & DEVELOPMENT</u></p> <p>PULL TO SIT – NO HEAD LAG</p> <p>VOCALIZING</p> <p>BEARS SOME WEIGHT ON LEGS</p> <p>SMILES SPONTANEOUSLY</p> <p>REACHES FOR OBJECTS</p>	<p>TEMP _____ PULSE _____</p> <p>Ht _____ (_____ %)</p> <p>Wt _____ (_____ %)</p> <p>HC _____ (_____ %)</p> <p>NORMAL = N ABNORMAL = X NOT EXAMINED = -</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">GENERAL APPEARANCE</td> <td style="width: 20%;"></td> </tr> <tr> <td>SKIN</td> <td></td> </tr> <tr> <td>HEAD</td> <td></td> </tr> <tr> <td>FONTANELS</td> <td></td> </tr> <tr> <td>EYES</td> <td></td> </tr> <tr> <td>EENT</td> <td></td> </tr> <tr> <td>NECK</td> <td></td> </tr> <tr> <td>CHEST</td> <td></td> </tr> <tr> <td>LUNGS</td> <td></td> </tr> <tr> <td>HEART</td> <td></td> </tr> <tr> <td>FEMORAL PULSES</td> <td></td> </tr> <tr> <td>ABDOMEN</td> <td></td> </tr> <tr> <td>EXTERNAL GENITALIA</td> <td></td> </tr> <tr> <td>BACK</td> <td></td> </tr> <tr> <td>EXTREMITIES</td> <td></td> </tr> <tr> <td>HIPS</td> <td></td> </tr> <tr> <td>NEUROLOGIC</td> <td></td> </tr> <tr> <td>DEVELOPMENT SURVEILLANCE</td> <td></td> </tr> <tr> <td>PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT</td> <td></td> </tr> </table>	GENERAL APPEARANCE		SKIN		HEAD		FONTANELS		EYES		EENT		NECK		CHEST		LUNGS		HEART		FEMORAL PULSES		ABDOMEN		EXTERNAL GENITALIA		BACK		EXTREMITIES		HIPS		NEUROLOGIC		DEVELOPMENT SURVEILLANCE		PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT			<p>IMMUNIZATIONS:</p> <ul style="list-style-type: none"> ▪ HEPATITIS B#3 ▪ DTaP (Pentacel)#3 ▪ HIB(Pentacel)#3 ▪ IPV (Pentacel)#3 ▪ PCV(Pentacel)#3 ▪ INFLUENZA ▪ COVID-19 ▪ ROTATEQ #3 <p>EDUCATION:</p> <p>DIET/NUTRITION:</p> <ul style="list-style-type: none"> ▪ USE OF CUP ▪ VEGETABLES MEATS ▪ BOTTLES IN BED ▪ ORAL FLOURIDE IF WATER SOURCE IS DEFICIENT ▪ NO HONEY ▪ FOODS WITH CHOKING RISKS <p>BEHAVIOR:</p> <ul style="list-style-type: none"> ▪ STRANGER ANXIETY ▪ SEPARATION <p>SAFETY/INJURY PREVENTION:</p> <ul style="list-style-type: none"> ▪ CARSEAT (REAR-FACING) ▪ LOWER CRIB MATTRESS ▪ SAFETY GATES/LATCHES ▪ ELECTRICAL OUTLETS COVERS ▪ POISON CONTROL ▪ AVOID WALKERS ▪ SECOND HAND SMOKE ▪ FIREARM SAFETY ▪ EMERGENCY TREATMENT FOR CHOKING ▪ SUN EXPOSURE ▪ LEAD EXPOSURE <p>GUIDANCE:</p> <ul style="list-style-type: none"> ▪ TEETHING/ORAL HEALTH ▪ DROOLING ▪ IMMUNIZATION SCHEDULE - REACTIONS ▪ SLEEP POSITION <p>PARENTAL WELL BEING</p> <ul style="list-style-type: none"> ▪ POST-PARTUM DEPRESSION
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PROGRESS RECORD AGE 9 MONTHS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH																																						
<p><u>INTERVAL HISTORY</u></p> <p>PARENTAL CONCERNS:</p> <p>DIET:</p> <p>ILLNESSES:</p> <p>ACCIDENTS:</p> <p><u>GROWTH & DEVELOPMENT</u></p> <p>TRANSFERS OBJECTS</p> <p>SITS STEADILY</p> <p>“MA-MA” “DA-DA”</p> <p>PEEK-A-BOO</p> <p>STANDS HOLDING ON</p> <p>IMITATES SPEECH SOUNDS</p> <p>RESISTS TOY PULL</p>	<p>TEMP _____ PULSE _____</p> <p>Ht _____ (_____ %)</p> <p>Wt _____ (_____ %)</p> <p>HC _____ (_____ %)</p> <p>NORMAL = N ABNORMAL = X NOT EXAMINED = -</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">GENERAL APPEARANCE</td><td style="width: 20%;"></td></tr> <tr><td>SKIN</td><td></td></tr> <tr><td>HEAD</td><td></td></tr> <tr><td>TEETH</td><td></td></tr> <tr><td>EENT</td><td></td></tr> <tr><td>NECK</td><td></td></tr> <tr><td>CHEST</td><td></td></tr> <tr><td>LUNGS</td><td></td></tr> <tr><td>HEART</td><td></td></tr> <tr><td>ABDOMEN</td><td></td></tr> <tr><td>EXTERNAL GENITALIA</td><td></td></tr> <tr><td>BACK</td><td></td></tr> <tr><td>EXTREMITIES</td><td></td></tr> <tr><td>HIPS</td><td></td></tr> <tr><td>NEUROLOGIC</td><td></td></tr> <tr><td>DEVELOPMENTAL SCREENING</td><td></td></tr> <tr><td>PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>	GENERAL APPEARANCE		SKIN		HEAD		TEETH		EENT		NECK		CHEST		LUNGS		HEART		ABDOMEN		EXTERNAL GENITALIA		BACK		EXTREMITIES		HIPS		NEUROLOGIC		DEVELOPMENTAL SCREENING		PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT						<p>LABORATORY:</p> <ul style="list-style-type: none"> ▪ LEAD SCREENING 9 MO. OR OLDER * ▪ HGB/HCT 9-12 MO* <p>* WHEN INDICATED</p> <p>IMMUNIZATIONS:</p> <ul style="list-style-type: none"> ▪ INFLUENZA - ANNUALLY <p>EDUCATION:</p> <p>DIET/NUTRITION:</p> <ul style="list-style-type: none"> ▪ SPOON ▪ CUP ▪ NORMAL DROP IN APPETITE ▪ TABLE FOOD ▪ WEANING ▪ WHOLE MILK <p>BEHAVIOR:</p> <ul style="list-style-type: none"> ▪ FEAR OF STRANGERS ▪ INCREASED ACTIVITY ▪ NEGATIVISM ▪ INDEPENDENCE <p>SAFETY/INJURY PREVENTION:</p> <ul style="list-style-type: none"> ▪ STAIRS ▪ HEATERS/FANS ▪ PLANTS ▪ ELECTRICAL OUTLETS ▪ CLIMBING ▪ WINDOW LOCKS SAFETY GATES/LATCHES ▪ SECOND HAND SMOKE ▪ FIREARM SAFETY ▪ SUN SCREEN ▪ WATER SAFETY/TOUCH SUPERVISION ▪ LEAD EXPOSURE <p>GUIDANCE:</p> <ul style="list-style-type: none"> ▪ ESTABLISHING LIMITS ▪ STIMULATION ▪ IMMUNIZATION SCHEDULE/ REACTIONS ▪ ORAL HEALTH 	<p>ASSESSMENT:</p> <p>PLAN:</p> <p>NEXT APPOINTMENT: _____ SIGNATURE _____ DATE: _____</p>
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PROGRESS RECORD AGE 12 MONTHS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH
<u>INTERVAL HISTORY</u>	TEMP _____ PULSE _____		
PARENTAL CONCERNS:	Ht _____ (_____ %)		
	Wt _____ (_____ %)		
	HC _____ (_____ %)		
DIET/NUTRITION:	NORMAL = N ABNORMAL = X NOT EXAMINED = -		
ILLNESSES:	GENERAL APPEARANCE		
	SKIN		
	HEAD		
	TEETH		
ACCIDENTS:	EENT		
	NECK		
	CHEST		
<u>GROWTH & DEVELOPMENT</u>	LUNGS		
PULLS TO STAND	HEART		
CRUISES	ABDOMEN		
WALKS WITH SUPPORT (MAY TAKE A FEW STEPS ALONE)	EXTERNAL GENITALIA		
1-3 WORDS OR MEANINGFUL SOUNDS	BACK		
USES "MAMA" AND "DADA" CORRECTLY	EXTREMITIES		
HOLDS CUP TO DRINK	HIPS		
PLAYS PAT-A-CAKE	NEUROLOGIC		
	DEVELOPMENT SURVEILLANCE		
	PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT		
ASSESSMENT:			
PLAN:			
NEXT APPOINTMENT: _____	SIGNATURE _____	DATE: _____	

- LABORATORY:**
- LEAD SCREENING 9 MO. OR OLDER*
 - HGB/HCT 9-12 MO*
 - TB TEST *
- *WHEN INDICATED
- IMMUNIZATIONS:**
- HIB
 - MMR
 - VARICELLA
 - PCV (Pevnar 13)#4
 - INFLUENZA - ANNUALLY
 - HEPATITIS A #1
 - HEPATITIS B
 - IPV
- EDUCATION:**
- DIET/NUTRITION:
- TABLE FOODS
 - WHOLE MILK
 - BABY BOTTLE SYNDROME
- BEHAVIOR:
- PLAYS SIMPLE GAMES
 - WALKING
 - EXPLORING
- SAFETY/INJURY PREVENTION:
- CAR SEAT
 - POISON CONTROL
 - CHOKING HAZARDS
 - KITCHEN SAFETY
 - GATES & LATCHES
 - CAR SEAT
 - SECOND HAND SMOKE
 - FIREARM SAFETY
 - SUN SCREEN
 - WATER SAFETY/TOUCH SUPERVISION
 - HELMET
- GUIDANCE:
- SLEEP
 - IMMUNIZATION SCHEDULE/ REACTIONS
 - CO-SLEEPING
 - ORAL HEALTH
 - DISCIPLINE
 - LIMIT TV

PROGRESS RECORD AGE 15 MONTHS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH																																						
<p><u>INTERVAL HISTORY</u></p> <p>PARENTAL CONCERNS:</p> <p>DIET/NUTRITION:</p> <p>ILLNESSES:</p> <p>ACCIDENTS:</p> <p><u>GROWTH & DEVELOPMENT</u></p> <p>INDICATES NEEDS</p> <p>DRINKS FROM CUP</p> <p>STOOPS & RECOVERS</p> <p>WALKING</p>	<p>TEMP _____ PULSE _____</p> <p>Ht _____ (%)</p> <p>Wt _____ (%)</p> <p>HC _____ (%)</p> <hr/> <p>NORMAL = N ABNORMAL = X NOT EXAMINED = -</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">GENERAL APPEARANCE</td><td style="width: 20%;"></td></tr> <tr><td>SKIN</td><td></td></tr> <tr><td>HEAD</td><td></td></tr> <tr><td>TEETH</td><td></td></tr> <tr><td>EENT</td><td></td></tr> <tr><td>NECK</td><td></td></tr> <tr><td>CHEST</td><td></td></tr> <tr><td>LUNGS</td><td></td></tr> <tr><td>HEART</td><td></td></tr> <tr><td>ABDOMEN</td><td></td></tr> <tr><td>EXTERNAL GENITALIA</td><td></td></tr> <tr><td>EXTREMITIES</td><td></td></tr> <tr><td>NEUROLOGIC</td><td></td></tr> <tr><td>DEVELOPMENT SURVEILLANCE</td><td></td></tr> <tr><td>PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>	GENERAL APPEARANCE		SKIN		HEAD		TEETH		EENT		NECK		CHEST		LUNGS		HEART		ABDOMEN		EXTERNAL GENITALIA		EXTREMITIES		NEUROLOGIC		DEVELOPMENT SURVEILLANCE		PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT											<p>LABORATORY:</p> <ul style="list-style-type: none"> ▪ LEAD SCREENING 9 MONTHS OR OLDER * ▪ TB TEST * <p>* WHEN INDICATED</p> <p>IMMUNIZATIONS:</p> <ul style="list-style-type: none"> ▪ DTaP ▪ INFLUENZA - ANNUALLY ▪ PCV* ▪ MMR* #1 ▪ VARIVAX*#1 ▪ HEPATITIS A* ▪ HEPATITIS B* ▪ HIB* ▪ IPV* <p>*IF NOT RECEIVED PRIOR</p> <p>EDUCATION:</p> <p>DIET/NUTRITION:</p> <ul style="list-style-type: none"> ▪ TABLE FOOD ▪ CANDY ▪ VITAMINS ▪ BOTTLE <p>BEHAVIOR:</p> <ul style="list-style-type: none"> ▪ SELF-FEEDING ▪ SIMPLE GAMES <p>SAFETY/INJURY PREVENTION:</p> <ul style="list-style-type: none"> ▪ CHILD PROOF HOME ▪ STOVE ▪ HOT/COLD ▪ MATCHES ▪ PURSES ▪ FURNITURE ▪ POISON CONTROL ▪ CAR SEAT <p>GUIDANCE:</p> <ul style="list-style-type: none"> ▪ TEMPER ▪ TANTRUMS ▪ FAMILY PLAY ▪ MASTURBATION ▪ ORAL HEALTH ▪ IMMUNIZATIONS/ REACTIONS
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PROGRESS RECORD AGE 18 MONTHS

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SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH																																						
<p><u>INTERVAL HISTORY</u></p> <p>PARENTAL CONCERNS:</p> <p>DIET/NUTRITION:</p> <p>PHYSICAL ACTIVITY:</p> <p>ILLNESSES:</p> <p>ACCIDENTS:</p> <p>FAMILY CHANGES:</p> <p><u>GROWTH & DEVELOPMENT</u></p> <p>USES SPOON</p> <p>SCRIBBLES</p>	<p>TEMP _____ PULSE _____</p> <p>Ht _____ (_____ %)</p> <p>Wt _____ (_____ %)</p> <p>HC _____ (_____ %)</p> <p>NORMAL = N ABNORMAL = X NOT EXAMINED = -</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL APPEARANCE</td><td></td></tr> <tr><td>SKIN</td><td></td></tr> <tr><td>HEAD</td><td></td></tr> <tr><td>TEETH</td><td></td></tr> <tr><td>EENT</td><td></td></tr> <tr><td>NECK</td><td></td></tr> <tr><td>CHEST</td><td></td></tr> <tr><td>LUNGS</td><td></td></tr> <tr><td>HEART</td><td></td></tr> <tr><td>ABDOMEN</td><td></td></tr> <tr><td>EXTERNAL GENITALIA</td><td></td></tr> <tr><td>EXTREMITIES</td><td></td></tr> <tr><td>HIPS</td><td></td></tr> <tr><td>NEUROLOGIC</td><td></td></tr> <tr><td>DEVELOPMENTAL SCREENING</td><td></td></tr> <tr><td>AUTISM SCREENING</td><td></td></tr> <tr><td>PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	GENERAL APPEARANCE		SKIN		HEAD		TEETH		EENT		NECK		CHEST		LUNGS		HEART		ABDOMEN		EXTERNAL GENITALIA		EXTREMITIES		HIPS		NEUROLOGIC		DEVELOPMENTAL SCREENING		AUTISM SCREENING		PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT							<p>ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH</p> <p>AUTISM SCREENING:</p> <p>LABORATORY:</p> <ul style="list-style-type: none"> ▪ LEAD SCREENING 9 MONTHS OR OLDER * ▪ TB TEST * <p>*WHEN INDICATED</p> <p>IMMUNIZATIONS:</p> <ul style="list-style-type: none"> ▪ DTAP* ▪ INFLUENZA – ANNUALLY ▪ HEPATITIS A*#2 ▪ HEPATITIS B* ▪ IPV* <p>*IF NOT RECEIVED PRIOR</p> <p>EDUCATION:</p> <p>DIET/NUTRITION:</p> <ul style="list-style-type: none"> ▪ SNACKS ▪ PICKY EATING ▪ SOFT DRINKS ▪ BALANCED DIET <p>BEHAVIOR:</p> <ul style="list-style-type: none"> ▪ PLAYS WITH TOYS IN THE BATH <p>SAFETY/INJURY PREVENTION:</p> <ul style="list-style-type: none"> ▪ STREET SAFETY ▪ REFRIGERATOR ▪ ELECTRICAL OUTLETS ▪ FALL PREVENTION ▪ HOT WATER ▪ POISON CONTROL <p>GUIDANCE:</p> <ul style="list-style-type: none"> ▪ LIMIT TV ▪ READING TO CHILD ▪ NEGATIVISM ▪ IMMUNIZATION SCHEDULE/ REACTIONS ▪ ORAL HEALTH
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PROGRESS RECORD AGE 24 MONTHS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH																																						
<p><u>INTERVAL HISTORY</u></p> <p>PARENTAL CONCERNS:</p> <p>DIET/NUTRITION:</p> <p>PHYSICAL ACTIVITY:</p> <p>ILLNESSES:</p> <p>ACCIDENTS:</p> <p><u>GROWTH & DEVELOPMENT</u></p> <p>HELPS WITH SIMPLE TASKS</p> <p>COMBINES 2 WORDS</p> <p>STACKS 4 BLOCKS</p> <p>RUNS</p> <p>CLIMBS STEPS</p>	<p>TEMP _____ PULSE _____</p> <p>Ht _____ (_____ %)</p> <p>Wt _____ (_____ %)</p> <p>HC _____ (_____ %)</p> <p>BMI _____ (_____ %)</p> <hr/> <p>NORMAL = N ABNORMAL = X NOT EXAMINED = —</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">GENERAL APPEARANCE</td> <td style="width: 20%;"></td> </tr> <tr> <td>SKIN</td> <td></td> </tr> <tr> <td>HEAD</td> <td></td> </tr> <tr> <td>EYES / AMBLYOPIA</td> <td></td> </tr> <tr> <td>LYMPH NODES</td> <td></td> </tr> <tr> <td>NECK</td> <td></td> </tr> <tr> <td>EENT</td> <td></td> </tr> <tr> <td>CHEST</td> <td></td> </tr> <tr> <td>LUNGS</td> <td></td> </tr> <tr> <td>HEART</td> <td></td> </tr> <tr> <td>ABDOMEN</td> <td></td> </tr> <tr> <td>EXTERNAL GENITALIA</td> <td></td> </tr> <tr> <td>BACK</td> <td></td> </tr> <tr> <td>EXTREMITIES</td> <td></td> </tr> <tr> <td>GAIT</td> <td></td> </tr> <tr> <td>NEUROLOGIC</td> <td></td> </tr> <tr> <td>AUTISM SCREENING</td> <td></td> </tr> <tr> <td>DEVELOPMENT SURVEILLANCE</td> <td></td> </tr> <tr> <td>PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT</td> <td></td> </tr> </table>	GENERAL APPEARANCE		SKIN		HEAD		EYES / AMBLYOPIA		LYMPH NODES		NECK		EENT		CHEST		LUNGS		HEART		ABDOMEN		EXTERNAL GENITALIA		BACK		EXTREMITIES		GAIT		NEUROLOGIC		AUTISM SCREENING		DEVELOPMENT SURVEILLANCE		PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT			<p>AUTISM SCREENING:</p> <p>LABORATORY:</p> <ul style="list-style-type: none"> ▪ LEAD SCREENING 9 MO. OR OLDER * ▪ TB TEST * ▪ CHOLESTEROL* <p>* WHEN INDICATED</p> <p>IMMUNIZATIONS:</p> <ul style="list-style-type: none"> ▪ INFLUENZA - ANNUALLY * <p>* WHEN INDICATED</p> <p>EDUCATION:</p> <p>DIET/NUTRITION:</p> <ul style="list-style-type: none"> ▪ SNACKS ▪ SOFT DRINKS ▪ BALANCED DIET ▪ PICA <p>BEHAVIOR:</p> <ul style="list-style-type: none"> ▪ NIGHT FEARS ▪ ROUGH & TUMBLE PLAY ▪ TEMPER TANTRUMS ▪ PARALLEL PLAY <p>SAFETY/INJURY PREVENTION:</p> <ul style="list-style-type: none"> ▪ CAR SEAT ▪ STREET SAFETY ▪ TOYS ▪ FALL PREVENTION ▪ PICA ▪ POISON CONTROL <p>GUIDANCE:</p> <ul style="list-style-type: none"> ▪ LIMIT TV ▪ SHARING ▪ ORAL HEALTH ▪ TOILET TRAINING
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PROGRESS RECORD AGE 30 MONTHS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH
<u>INTERVAL HISTORY</u>	TEMP _____ PULSE _____ Ht _____ (%)		AUTISM SCREENING:
PARENTAL CONCERNS:	Wt _____ (%) BMI _____ (%)		LABORATORY:
DIET/NUTRITION:	NORMAL = N ABNORMAL = X NOT EXAMINED = —		<ul style="list-style-type: none"> ▪ LEAD SCREENING 9 MO. OR OLDER * ▪ TB TEST * ▪ CHOLESTEROL* * WHEN INDICATED
PHYSICAL ACTIVITY:	GENERAL APPEARANCE		IMMUNIZATIONS:
	SKIN		<ul style="list-style-type: none"> ▪ INFLUENZA - ANNUALLY * * WHEN INDICATED
	HEAD		EDUCATION:
	EYES / AMBLYOPIA		DIET/NUTRITION:
ILLNESSES:	LYMPH NODES		<ul style="list-style-type: none"> ▪ SNACKS ▪ SOFT DRINKS ▪ BALANCED DIET ▪ PICA
	NECK		BEHAVIOR:
ACCIDENTS:	EENT		<ul style="list-style-type: none"> ▪ NIGHT FEARS ▪ ROUGH & TUMBLE PLAY ▪ TEMPER TANTRUMS ▪ PARALLEL PLAY
	CHEST		SAFETY/INJURY PREVENTION:
	LUNGS		<ul style="list-style-type: none"> ▪ CAR SEAT ▪ STREETS ▪ TOYS ▪ FALLS ▪ PICA ▪ POISON CONTROL
<u>GROWTH & DEVELOPMENT</u>	HEART		GUIDANCE:
HELPS WITH SIMPLE TASKS	ABDOMEN		<ul style="list-style-type: none"> ▪ LIMIT TV ▪ SHARING ▪ ORAL HEALTH ▪ TOILET TRAINING
COMBINES 2 WORDS	EXTERNAL GENITALIA		
STACKS 4 BLOCKS	BACK		
RUNS	EXTREMITIES		
CLIMBS STEPS	GAIT		
KICKS BALL FORWARD	NEUROLOGIC		
	DEVELOPMENTAL SCREENING		
	PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT		
ASSESSMENT:			
PLAN:			
NEXT APPOINTMENT: _____ SIGNATURE _____ DATE: _____			

PROGRESS RECORD AGE 3-4 YEARS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH																																				
<p><u>INTERVAL HISTORY</u></p> <p>PARENTAL CONCERNS:</p> <p>DIET/NUTRITION:</p> <p>PHYSICAL ACTIVITY:</p> <p>ILLNESSES:</p> <p>ACCIDENTS:</p> <p><u>GROWTH & DEVELOPMENT</u></p> <p>DRESSES WITH HELP</p> <p>KNOWS FIRST & LAST NAME</p> <p>PLEURALS</p> <p>COPIES</p> <p>PEDALS TRICYCLE</p>	<p>TEMP _____ PULSE _____</p> <p>Ht _____ (_____ %)</p> <p>Wt _____ (_____ %)</p> <p>BP _____</p> <p>BMI _____ (_____ %)</p> <hr/> <p>NORMAL = N ABNORMAL = X NOT EXAMINED = -</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">GENERAL APPEARANCE</td> <td style="width: 20%;"></td> </tr> <tr> <td>SKIN</td> <td></td> </tr> <tr> <td>HEAD</td> <td></td> </tr> <tr> <td>LYMPH NODES</td> <td></td> </tr> <tr> <td>NECK</td> <td></td> </tr> <tr> <td>EENT</td> <td></td> </tr> <tr> <td>CHEST</td> <td></td> </tr> <tr> <td>LUNGS</td> <td></td> </tr> <tr> <td>HEART</td> <td></td> </tr> <tr> <td>ABDOMEN</td> <td></td> </tr> <tr> <td>EXTERNAL GENITALIA</td> <td></td> </tr> <tr> <td>BACK</td> <td></td> </tr> <tr> <td>EXTREMITIES</td> <td></td> </tr> <tr> <td>NEUROLOGIC</td> <td></td> </tr> <tr> <td>VISION</td> <td></td> </tr> <tr> <td>HEARING</td> <td></td> </tr> <tr> <td>DEVELOPMENT SURVEILLANCE</td> <td></td> </tr> <tr> <td>PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT</td> <td></td> </tr> </table>	GENERAL APPEARANCE		SKIN		HEAD		LYMPH NODES		NECK		EENT		CHEST		LUNGS		HEART		ABDOMEN		EXTERNAL GENITALIA		BACK		EXTREMITIES		NEUROLOGIC		VISION		HEARING		DEVELOPMENT SURVEILLANCE		PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT			<p>LABORATORY:</p> <ul style="list-style-type: none"> ▪ TB TEST* ▪ CHOLESTEROL* <p>* WHEN INDICATED</p> <p>IMMUNIZATIONS:</p> <ul style="list-style-type: none"> ▪ DTaP BOOSTER AGE 4-6 YEARS ▪ IPV BOOSTER AGE 4-6 YEARS ▪ MMR BOOSTER AGE 4-6 YEARS ▪ INFLUENZA - ANNUALLY ▪ HEPATITIS A* ▪ HEPATITIS B* ▪ VARICELLA 4-6 YR <p>*IF NOT RECEIVED PRIOR</p> <p>EDUCATION:</p> <p>DIET/NUTRITION:</p> <ul style="list-style-type: none"> ▪ SWEETS ▪ SNACKS ▪ BALANCED DIET <p>BEHAVIOR:</p> <ul style="list-style-type: none"> ▪ NIGHT FEARS ▪ USE OF "WHY?" ▪ IMAGINARY PLAY <p>SAFETY/INJURY PREVENTION:</p> <ul style="list-style-type: none"> ▪ BOOSTER SEAT ▪ STREETS ▪ STRANGERS ▪ POISON CONTROL <p>GUIDANCE:</p> <ul style="list-style-type: none"> ▪ TOILET TRAINING ▪ PLAYMATES ▪ CAREGIVERS ▪ BODY AWARENESS ▪ DENTAL CARE ▪ LIMIT TV ▪ DRAWING ▪ BOOKS ▪ IMMUNIZATION SCHEDULE/ REACTIONS ▪ ORAL HEALTH
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PROGRESS RECORD AGE 5-8 YEARS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH																																				
<p><u>INTERVAL HISTORY</u></p> <p>PARENTAL CONCERNS:</p> <p>DIET/NUTRITION:</p> <p>PHYSICAL ACTIVITY:</p> <p>DIET:</p> <p>ILLNESSES:</p> <p>ACCIDENTS:</p> <p>FAMILY CHANGES:</p> <p><u>GROWTH & DEVELOPMENT</u></p> <p>SCHOOL PROGRESS</p> <p>HOBBIES/SPORTS</p> <p>PEER GROUP INTERACTION/BULLYING</p> <p>FAMILY INTERACTION</p>	<p>TEMP _____ PULSE _____</p> <p>Ht _____ (_____ %)</p> <p>Wt _____ (_____ %)</p> <p>BP _____</p> <p>BMI _____ (_____ %)</p> <p>NORMAL = N ABNORMAL = X NOT EXAMINED = -</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">GENERAL APPEARANCE</td><td style="width: 20%;"></td></tr> <tr><td>SKIN</td><td></td></tr> <tr><td>HEAD</td><td></td></tr> <tr><td>LYMPH NODES</td><td></td></tr> <tr><td>NECK</td><td></td></tr> <tr><td>EENT</td><td></td></tr> <tr><td>CHEST</td><td></td></tr> <tr><td>LUNGS</td><td></td></tr> <tr><td>HEART</td><td></td></tr> <tr><td>ABDOMEN</td><td></td></tr> <tr><td>EXTERNAL GENITALIA</td><td></td></tr> <tr><td>TANNER STAGE</td><td></td></tr> <tr><td>EXTREMITIES</td><td></td></tr> <tr><td>NEUROLOGIC</td><td></td></tr> <tr><td>VISION</td><td></td></tr> <tr><td>HEARING</td><td></td></tr> <tr><td>DEVELOPMENT SURVEILLANCE</td><td></td></tr> <tr><td>PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT</td><td></td></tr> </table>	GENERAL APPEARANCE		SKIN		HEAD		LYMPH NODES		NECK		EENT		CHEST		LUNGS		HEART		ABDOMEN		EXTERNAL GENITALIA		TANNER STAGE		EXTREMITIES		NEUROLOGIC		VISION		HEARING		DEVELOPMENT SURVEILLANCE		PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT			<p>LABORATORY:</p> <ul style="list-style-type: none"> ▪ TB TEST * ▪ CHOLESTEROL* <p>* WHEN INDICATED</p> <p>IMMUNIZATIONS:</p> <ul style="list-style-type: none"> ▪ VARICELLA BOOSTER 4-6 YR** #2 ▪ DTap BOOSTER AGE 4-6 YR #5 ▪ IPV BOOSTER AGE 4-6 YR #4 ▪ MMR BOOSTER AGE 4-6 YR #2 ▪ INFLUENZA - ANNUALLY * ▪ HEPATITIS A** ▪ HEPATITIS B** <p>* WHEN INDICATED ** IF NOT RECEIVED PRIOR</p> <p>EDUCATION:</p> <p>DIET/NUTRITION:</p> <ul style="list-style-type: none"> ▪ OBESITY ▪ BALANCED MEALS ▪ SNACKS <p>BEHAVIOR:</p> <ul style="list-style-type: none"> ▪ SEXUALITY ▪ INDEPENDENCE ▪ NIGHT FEARS <p>SAFETY/INJURY PREVENTION:</p> <ul style="list-style-type: none"> ▪ SEAT BELTS ▪ HELMETS ▪ SPORTS SAFETY ▪ SUBSTANCE USE ▪ POISON CONTROL <p>GUIDANCE:</p> <ul style="list-style-type: none"> ▪ DISCIPLINE ▪ BODY AWARENESS ▪ BEDTIME ▪ PEER GROUP ▪ AFTER SCHOOL ACTIVITIES ▪ TV/VIDEO GAMES ▪ ORAL HEALTH
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PROGRESS RECORD AGE 9 - 12 YEARS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH																																		
<p><u>INTERVAL HISTORY</u></p> <p>PARENTAL CONCERNS:</p> <p>ILLNESSES:</p> <p>ACCIDENTS:</p> <p>DIET/NUTRITION:</p> <p>PHYSICAL ACTIVITY:</p> <p>SEXUAL DEVELOPMENT:</p> <p>FAMILY CHANGES:</p> <p style="text-align: center;">GROWTH & DEVELOPMENT</p> <p>SCHOOL PROGRESS</p> <p>HOBBIES/SPORTS</p> <p>SEXUAL ACTIVITY/DATING</p> <p>PEER GROUP INTERACTION/BULLYING</p> <p>FAMILY INTERACTION</p> <p>MENSES</p>	<p>TEMP _____ PULSE _____</p> <p>Ht _____ (_____ %)</p> <p>Wt _____ (_____ %)</p> <p>BP _____</p> <p>BMI _____ (_____ %)</p> <p>TOBACCO : Y / N _____</p> <p>ALCOHOL: Y / N _____</p> <p>SUBSTANCE ABUSE: Y / N _____</p> <p>NORMAL = N ABNORMAL = X NOT EXAMINED = —</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">GENERAL APPEARANCE</td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: center;">SKIN</td> <td></td> </tr> <tr> <td style="text-align: center;">HEAD</td> <td></td> </tr> <tr> <td style="text-align: center;">LYMPH NODES</td> <td></td> </tr> <tr> <td style="text-align: center;">NECK</td> <td></td> </tr> <tr> <td style="text-align: center;">EENT</td> <td></td> </tr> <tr> <td style="text-align: center;">CHEST</td> <td></td> </tr> <tr> <td style="text-align: center;">LUNGS</td> <td></td> </tr> <tr> <td style="text-align: center;">HEART</td> <td></td> </tr> <tr> <td style="text-align: center;">ABDOMEN</td> <td></td> </tr> <tr> <td style="text-align: center;">EXTERNAL GENITALIA</td> <td></td> </tr> <tr> <td style="text-align: center;">TANNER STAGE</td> <td></td> </tr> <tr> <td style="text-align: center;">EXTREMITIES</td> <td></td> </tr> <tr> <td style="text-align: center;">NEUROLOGIC</td> <td></td> </tr> <tr> <td style="text-align: center;">SCOLIOSIS</td> <td></td> </tr> <tr> <td style="text-align: center;">VISION</td> <td></td> </tr> <tr> <td style="text-align: center;">HEARING</td> <td></td> </tr> </table>	GENERAL APPEARANCE		SKIN		HEAD		LYMPH NODES		NECK		EENT		CHEST		LUNGS		HEART		ABDOMEN		EXTERNAL GENITALIA		TANNER STAGE		EXTREMITIES		NEUROLOGIC		SCOLIOSIS		VISION		HEARING			<p>LABORATORY:</p> <ul style="list-style-type: none"> ▪ TB TEST - WHEN INDICATED ▪ HGB-annually for adolescent females ▪ CHOLESTEROL* <p>IMMUNIZATIONS:</p> <ul style="list-style-type: none"> ▪ Tdap ▪ HEPATITIS B ** ▪ VARIVAX** ▪ MENINGOCOCCAL** ▪ INFLUENZA - ANNUALLY ▪ HEPATITIS A** ▪ HPV series <p>* WHEN INDICATED ** IF NOT COMPLETED OR GIVEN PRIOR</p> <p>EDUCATION:</p> <p>DIET/NUTRITION:</p> <ul style="list-style-type: none"> ▪ OBESITY ▪ BALANCED MEALS ▪ SNACKS ▪ FAD DIETS <p>BEHAVIOR:</p> <ul style="list-style-type: none"> ▪ SEXUALITY ▪ DATING ▪ BODY IMAGE ▪ INDEPENDENCE <p>SAFETY/INJURY PREVENTION:</p> <ul style="list-style-type: none"> ▪ SEAT BELTS ▪ HELMETS (SAFETY GEAR) ▪ SPORTS SAFETY ▪ TOBACCO/SUBSTANCE USE ▪ SUN SCREEN ▪ FIREARM USE <p>GUIDANCE:</p> <ul style="list-style-type: none"> ▪ CELL PHONE ▪ INTERNET/SOCIAL MEDIA ▪ DISCIPLINE ▪ SEX EDUCATION ▪ BEDTIME ▪ PEER GROUP ▪ AFTER SCHOOL ACTIVITIES ▪ CURFEWS ▪ DENTAL CARE ▪ LIMIT TV/VIDEO GAMES ▪ PROMOTING POSITIVE PARENT-CHILD INTERACTION
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NEXT APPOINTMENT: _____ SIGNATURE _____ DATE: _____

PROGRESS RECORD AGE 13 – 18 YEARS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENTS	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH/SCREENINGS
INTERVAL HISTORY	TEMP _____		<p>DEPRESSION SCREENING: ADOLESCENTS 12-18 YRS FOR MAJOR DEPRESSIVE DISORDER</p> <p>LABORATORY:</p> <ul style="list-style-type: none"> ▪ HCT OR HGB ANNUALLY FOR FEMALES DURING ADOLESCENCE ▪ TB TEST * ▪ PAP TEST FOR SEXUALLY ACTIVE FEMALES ▪ CHLAMYDIA/STD/ HIV SCREENING IF SEXUALLY ACTIVE ▪ CHOLESTEROL* <p>* WHEN INDICATED</p> <p>IMMUNIZATIONS:</p> <ul style="list-style-type: none"> ▪ Tdap/Td ▪ VARICELLA ** ▪ MENINGOCOCCAL ** ▪ INFLUENZA - ANNUALLY ▪ HEPATITIS A** ▪ HEPATITIS B** ▪ MMR** ▪ HPV <p>* WHEN INDICATED ** IF NOT RECEIVED PRIOR</p> <p>EDUCATION: DIET/NUTRITION:</p> <ul style="list-style-type: none"> ▪ BALANCED MEALS ▪ SNACKS ▪ FAD DIETS <p>BEHAVIOR:</p> <ul style="list-style-type: none"> ▪ SEXUAL ACTIVITY/DATING ▪ REBELLION ▪ LEAVING HOME ▪ SMOKING <p>SAFETY/INJURY PREVENTION:</p> <ul style="list-style-type: none"> ▪ DRIVING ▪ SEAT BELTS ▪ HELMETS (SAFETY GEAR) ▪ SPORTS SAFETY ▪ SUBSTANCE USE/INHALANTS ▪ BODY PIECING/TATOOS ▪ SUN SCREEN/TANNING BEDS <p>GUIDANCE:</p> <ul style="list-style-type: none"> ▪ DRINKING/DRIVING ▪ CURFEWS ▪ AFTER SCHOOL ACTIVITIES ▪ CAREER/COLLEGE ▪ SELF BREAST EXAMS ▪ SELF SCROTAL EXAMS ▪ PREGNANCY ▪ CONTRACEPTION ▪ PELVIC EXAMS ▪ PROMOTING POSITIVE PARENT-CHILD INTERACTION ▪ FOLIC ACID (0.4 mg/dl) – females of reproductive age ▪ CELL PHONE ▪ TEXTING AND DRIVING ▪ INTERNET/ SOCIAL MEDIA
PATIENT CONCERNS:	Ht _____ (_____ %)		
PARENTAL CONCERNS:	Wt _____ (_____ %)		
ILLNESSES:	BP _____ Pulse _____		
ACCIDENTS:	BMI _____ (_____ %)		
DIET/NUTRITION:	TOBACCO : Y / N _____		
PHYSICAL ACTIVITY:	ALCOHOL: Y / N _____		
SEXUAL DEVELOPMENT:	SUBSTANCE ABUSE: Y / N _____		
FAMILY CHANGES	NORMAL = N		
GROWTH & DEVELOPMENT	ABNORMAL = X		
	NOT EXAMINED = —		
SCHOOL PROGRESS	GENERAL APPEARANCE		
HOBBIES/SPORTS	SKIN		
SEXUAL ACTIVITY/DATING	HEAD		
PEER GROUP INTERACTION/BULLYING	LYMPH NODES		
FAMILY INTERACTION	NECK		
MENSES	EENT		
ASSESSMENT:	CHEST		
PLAN:	BREASTS		
NEXT APPOINTMENT: _____	LUNGS		
SIGNATURE _____	HEART		
DATE: _____	ABDOMEN		
	EXTERNAL GENITALIA		
	PELVIC / PAP		
	TANNER STAGE		
	EXTREMITIES		
	NEUROLOGIC		
	SCOLIOSIS		
	VISION		
	HEARING		

PROGRESS RECORD AGE 19 – 64 YEARS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

SUBJECTIVE:	OBJECTIVE:	COMMENT	ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH
<p><u>HISTORY</u></p>	<p>TEMP _____ BP _____</p> <p>Ht _____ Wt _____ BMI _____</p> <p>PULSE: _____</p> <p>TOBACCO : Y / N _____</p> <p>ALCOHOL: Y / N _____</p> <p>SUBSTANCE ABUSE: Y / N _____</p> <p>NORMAL = N ABNORMAL = X NOT EXAMINED = —</p>		<p>LABORATORY/TESTS/SCREENINGS</p> <ul style="list-style-type: none"> ▪ Lipid Panel: routine screening every 5 years starting at age 20 and more frequently for those at high risk. ▪ Fasting Plasma Glucose: for high risk, 3 year intervals beginning at age 35 yrs or at a frequency clinically indicated. ▪ Mammogram every 1-2 yrs for women age 50 and older. ▪ Pap test every 1-5 yrs as indicated. ▪ Chlamydia screening annually for all sexually active women age 24 yrs and older and all other asymptomatic women at increased risk. ▪ Gonorrhea, STD, HIV screening if sexually active or high risk. ▪ Stool for occult blood annually or sigmoidoscopy every 5 years or colonoscopy every 10 years (Age 45 and older) ▪ Bone Mineral Density Screening: high risk post menopausal women every 2 yrs ▪ Discussion of risks and benefits of prostate cancer screening. ▪ Visual Impairment-high risk should be referred to an eye care professional ▪ Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility. <p>IMMUNIZATIONS:</p> <ul style="list-style-type: none"> ▪ Td/Tdap every 10 years ▪ MMR if history is unreliable ▪ Influenza annual ▪ Pneumococcal: 1-2 doses for high-risk age 18-64 years. ▪ Varicella vaccine two doses if susceptible ▪ Hepatitis B 3 doses for high-risk. ▪ Hepatitis A 2 doses for high-risk. ▪ Meningococcal Vaccine 1 dose per lifetime ▪ HPV 3 doses ages 18-26 ▪ Zoster 1 time—age 60 or older <p>EDUCATION:</p> <ul style="list-style-type: none"> ➤ Injury Prevention: <ul style="list-style-type: none"> ▪ Seat belts ▪ Smoke and carbon monoxide detectors ▪ Firearms safe use and storage ▪ Helmets ➤ Domestic Violence ➤ Diet & Exercise ➤ Preconception 0.4 mg daily Folic Acid ➤ Consider daily aspirin use ➤ Menopause counseling ➤ Sun exposure ➤ Oral health ➤ Polypharmacy ➤ Safe sex/STD/HIV ➤ Tobacco cessation/Second hand smoke ➤ Substance use
<p><u>PATIENT CONCERNS</u></p>	<p>GENERAL APPEARANCE</p>		
	<p>SKIN</p>		
	<p>HEAD</p>		
<p><u>DIET/NUTRITION:</u></p>	<p>EYES</p>		
	<p>ENT</p>		
	<p>NECK</p>		
<p><u>PHYSICAL ACTIVITY:</u> Y/N _____</p>	<p>CHEST</p>		
	<p>BREASTS</p>		
	<p>LUNGS</p>		
<p><u>DEPRESSION SCREEN:</u> Y / N _____</p>	<p>HEART</p>		
	<p>ABDOMEN</p>		
	<p>EXTERNAL GENITALIA</p>		
	<p>PELVIC</p>		
<p><u>ADVANCED DIRECTIVE:</u> Y / N _____</p>	<p>RECTAL</p>		
	<p>EXTREMITIES</p>		
	<p>BACK</p>		
	<p>NEUROLOGIC</p>		

ASSESSMENT:

PLAN:

NEXT APPOINTMENT: _____ SIGNATURE _____ DATE: _____

PROGRESS RECORD AGE 65 + YEARS

Name: _____ DOS: _____ Birthdate: _____ Record/ID # _____

<p>SUBJECTIVE: <u>HISTORY:</u></p> <p><u>PATIENT CONCERNS:</u></p> <p><u>MEDICATIONS REVIEWED:</u> Y / N Date _____ See Medication List</p> <p><u>FUNCTIONAL STATUS:</u> ADL Independent _____ Needs assistance with ADLs _____</p> <p><u>PAIN SCREENING:</u> Y / N Using 0-10 pain scale: Overall pain= _____</p> <p><u>EYE EXAM:</u> Y / N Last Exam: _____</p> <p><u>DENTAL CARE:</u> Y / N Last Exam: _____</p> <p><u>COGNITION CHANGES:</u> Y / N _____</p> <p><u>DEPRESSION SCREEN:</u> Y / N _____</p> <p><u>URINARY INCONTINENCE:</u> Y / N _____</p> <p><u>FALLS/ACCIDENTS:</u> Y / N _____</p> <p><u>PHYSICAL ACTIVITY:</u> Y / N _____</p> <p><u>ADVANCE DIRECTIVE:</u> Y / N _____</p>	<p>OBJECTIVE:</p> <p>TEMP _____ BP _____</p> <p>Ht. _____ Wt _____ BMI _____</p> <p>PULSE _____</p> <p>TOBACCO: Y / N _____</p> <p>ALCOHOL: Y / N _____</p> <p>SUBSTANCE ABUSE: Y / N _____</p> <p>NORMAL = N ABNORMAL = X NOT EXAMINED = —</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">GENERAL APPEARANCE</td> <td style="width: 50%;"></td> </tr> <tr> <td>SKIN</td> <td></td> </tr> <tr> <td>HEAD</td> <td></td> </tr> <tr> <td>EYES</td> <td></td> </tr> <tr> <td>ENT</td> <td></td> </tr> <tr> <td>TEETH</td> <td></td> </tr> <tr> <td>NECK</td> <td></td> </tr> <tr> <td>CHEST</td> <td></td> </tr> <tr> <td>BREASTS</td> <td></td> </tr> <tr> <td>LUNGS</td> <td></td> </tr> <tr> <td>HEART</td> <td></td> </tr> <tr> <td>ABDOMEN</td> <td></td> </tr> <tr> <td>EXTERNAL GENITALIA</td> <td></td> </tr> <tr> <td>PELVIC</td> <td></td> </tr> <tr> <td>RECTAL</td> <td></td> </tr> <tr> <td>EXTREMITIES</td> <td></td> </tr> <tr> <td>BACK</td> <td></td> </tr> <tr> <td>NEUROLOGIC</td> <td></td> </tr> <tr> <td>VISION</td> <td></td> </tr> <tr> <td>HEARING</td> <td></td> </tr> </table>	GENERAL APPEARANCE		SKIN		HEAD		EYES		ENT		TEETH		NECK		CHEST		BREASTS		LUNGS		HEART		ABDOMEN		EXTERNAL GENITALIA		PELVIC		RECTAL		EXTREMITIES		BACK		NEUROLOGIC		VISION		HEARING		<p>COMMENTS</p>	<p>ANTICIPATORY GUIDANCE / PREVENTIVE HEALTH LABORATORY/TESTS/SCREENING</p> <ul style="list-style-type: none"> ▪ Lipid panel every 5 years and more frequently for those at high risk. ▪ Fasting Plasma Glucose: for high risk, 3 year intervals or at a frequency clinically indicated. ▪ Mammogram every 1-2 years for women age 50 and older. Age 75 and above, continue regular screening as long as health status permits, cancer tx. ▪ Pap Smears - Not recommended in women > age 65 who have had adequate prior screening and are not at high risk for cervical cancer . ▪ Stool for occult blood annually, or sigmoidoscopy every 5 years, or colonoscopy every 10 years (ages 45 & older, until age 75.) ▪ Bone Mineral Density Screening: routine screening for all women age 65 and older every two years. Assess risk factors for men 70 yrs and older. ▪ Prostate cancer screening discuss risks and benefits of screening. ▪ Gonorrhea, STD, HIV risk based screening recommended if sexually active. ▪ Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility. ▪ Medical risk evaluation one time screening for abdominal aortic aneurysm by ultrasonography in men age 65 to 75 who have ever smoked. <p>IMMUNIZATIONS:</p> <ul style="list-style-type: none"> ▪ Td once every 10 years ▪ Influenza annually ▪ Pneumococcal once, consider revaccination after 5 years. ▪ Varicella vaccine two doses if susceptible ▪ Hepatitis B 3 doses for high-risk. ▪ Hepatitis A 2 doses for high-risk. ▪ Meningococcal Vaccine 1 dose per lifetime ▪ Zoster 1 dose age 60 yr and older. <p>EDUCATION:</p> <ul style="list-style-type: none"> ➢ Injury Prevention: <ul style="list-style-type: none"> ▪ Seat belts ▪ Smoke and carbon monoxide detectors ▪ Water heater, temperature <120° ▪ Rails on stairs ▪ Firearms safe storage and use ▪ Sun exposure ▪ Helmets ▪ Home fall hazards ▪ Driving impairment ➢ Substance Use/Polypharmacy ➢ Domestic Violence ➢ Diet, exercise, adequate calcium and vitamin D intake. ➢ Consider daily aspirin use ➢ Social support ➢ Discussion of risks and benefits of hormone prophylaxis and alternative therapies ➢ Tobacco cessation/Second hand smoke ➢ HIV
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PLAN:

NEXT APPOINTMENT: _____ SIGNATURE _____ DATE: _____