Name:	DOB:	/	/ Actual Age:		Date:
Language Spoken:	Interprete	er Name:			Under 1 Month
		NURSI	NG INTAKE		
Height: Weight:	BMI:		Temp:	Heart Rate:	Resp:
Allergies:		(Growth Chart Complete	ed: Yes / No	
Notes:					
Staying Healthy Started: Yes /	No Reviewed : Ye		IA Signature:		
BIRTH	HISTORY			INTERVAL HIS	TORY
Pregnancy Complications:		F	5	eed or Bottle	Has WIC: Yes / No
Birth weight: Ibs	oz. Apgar			: Yes / No	
Perinatal complications:			Cord:		
Family hx of childhood hearing impair	rment:		Circumcision:		
Vag/C-Section			nfant sleeping position:		
Hep B given in hospital?			Exposure to tobacco smo		
Immunization Registry done at hospit	al? Yes / No		s Mother getting enough	sleep?	
Parental Concerns:					
		GROWTH D	EVELOPMENT		
[] Prone, lifts head briefly] Responds to sound		
[] Moro reflex] Fixates on parent's fa	ce/voice	
[] Turns head side to side] Flexed posture; move		
[] Blinks at bright light] Can sleep 3-4 hours		
		PHYSICAL	EXAMINATION		
General [] Well no	ourished and developed			[] No murmurs, r	equilar rhythm
	se/neglect evident			[] Breath sounds	
		om			
	etrical, A.F. Open				es, liver & spleen normal
	ctivae, sclerae, pupils n	ormai	Genetalia: Male		rance, circ./ uncirc.
	flexes present			[] Testes in scro	
	s to see [] No strabis	mus			External appearances
Ears [] Canals	clear, TMs normal		Hips	[] Good abduction	n
[] Appear	s to hear		Femoral pulses	[] Present and e	qual
Nose [] Passag	les patent		Extremities		
Mouth & Pharynx [] Normal			Skin	[] Clear, no signi	ficant lesions
	, no masses palpated		Neurologic		
	, no masses paipated		Neurologie		
Assessment:					
Diam					
Plan:					
			RDERS		
[] Obtain newborn Hospital reco	rds and newborn scree	n []Nev	vborn Metabolic Screer	ו (if not previously done)) [] WIC Referral given
	ANTICIPA	TORY GUI	DANCE (Circle if disc	ussed)	
DIET: Breast vs. formula feeding,	burping, no other p.o. i	ntake, no be	ottle recumbent, WIC		
BEHAVIOR: Feeding, sleeping, c					
INJURY AND VIOLENCE PREVE			e detector, burns from h	not liquids, lead nois	oning prevention
GUIDANCE: Spoiling, sibling relation					
stimulating with hanging objects a					on, or pacifier, stricking at flott
SAFETY PRECAUTIONS: Infant					
[] Refer to appropriate agency: (JUS, Regional Center, Ea	iny Start or L	LA SEIVICES.		
Next appointment [] 1 months or _		MD S	Signature:		Date:

Name:	DOB:	/	/ Actual Age:		Date:
Language Spoken:	Interp	oreter Name:			1-2 Months
		NURSIN	G INTAKE		
Height: Wei	ght: BMI:	HC:	Temp:	Heart Rate:	Resp:
Allergies:		Growth	Chart Completed: Yes /	No	
Notes:					
Staying Healthy Starte	d: Yes / No	Reviewed:	Yes / No MA Signature:		
		INTERVAL			
Breastfeed or Bottle				Yes / No	
Feeding:			Sleep Position:		
Illness:		-	Accidents:		
Stools: Vision:		Exposu	re to tobacco smoke:		TB Risk: Yes / No
			Hearing: DEVELOPMENT		
 Prone, lefts head 45 Vocalizes (cooing) Responds to sounds 	[] Follows past midline	ditory stimuli [[] Respon	posture; moves all extremities ids to parents voice/face lead control/upright position
Parental Concerns:					
Conoral	[]] Wall pourished and dayala				rogular rhythm
Appearance: Head Eyes Ears Nose Mouth & Pharynx	 [] Well nourished and develo [] No abuse/neglect evident [] Symmetrical, A.F. Open [] Conjunctivae, sclera, pupils [] Red reflexes present [] Appears to see [] No strational [] Appears to hear [] Passages patent [] Normal color, no lesions [] Supple, no masses palpated 	cm s normal abismus	Lungs Abdomen Genetalia: Male Female Hips Femoral pulses Extremities Skin	 Soft, no mass Normal appea Testes in scropping No lesions, n 	Is normal bilaterally ses, liver & spleen normal arance, circ./ uncirc. btum I. External appearances ion, legs lengths equal equal es, full ROM nificant lesions
Assessment:					
Plan:					
			DERS		
	s, risks and follow-up explain		6	() I D) /	
[] DTaP [] Hib [] WIC referral	[]	HEP B Rotavirus Nutritional asses	sment	[] IPV [] Prevnar [] Immunization r	egistry entry
	ANTICIP	ATORY GUIDAN	CE (Circle if discussed))	
BEHAVIOR: Crying, thu INJURY AND VIOLENC GUIDANCE: Fever, ace SAFETY PRECAUTION skin, clothing), emergen	a feeding, no milk or honey till 1 ye mb sucking, no discipline yet E PREVENTION: Rolling, playper taminophen dose, hot water temp. IS: Infant Care seat, water safety, f cy care plan, no aspirin use, family ate agency: CCS, regional Center	n use, burns from 120 degrees, sm falls, nursery equ v spacing, sibling	hot liquids, lead poisonin loking at home, sleeping ipment, no smoking, there & family relationships.	g prevention positions	

Name:	DOB:	/	/ Actual Ag	ge: D	ate:
Language Spoken:	Inter	preter Name:			3-4 Months
		NURSIN	G INTAKE		
Height: Weight:	BMI:		Temp:	Heart Rate:	Resp:
Allergies:		Growth	Chart Completed: Y	es / No	
Notes:					
Staying Healthy Started: Yes /	No Reviewed:	Yes / No	MA Signature:		
		INTERVA	_ HISTORY		
Breastfeed or Bottle				/ No	
Feeding:		Slee	p Position:		
Illness:			Accidents:		
Stools: Vision:	E	Exposure to tobac		TB Risk: Yes	s / No
		GROWTH	Hearing: DEVELOPMENT		
[] Head Steady When Sitting	[] Sque	eals or goos		[] Rolls side to side	
[] Eyes follow 180*	[] Orie	nts to voices		[] Inspects/plays with h	
[] Grasps rattle	[] Bring	gs hands togethe	r	[] Shows range of feeling	ngs (joy, fear, ect.)
Parental Concerns:					
		PHYSICAL I	EXAMINATION		
Head[] SymmeEyes[] Conjun[] Red rel[] AppearEars[] Canals[] AppearNose[] PassagMouth & Pharynx[] NormalNeck[] SuppleTeeth[] Grossly	ise/neglect evident etrical, A.F. Open ctivae, sclerae, pupils flexes present 's to see [] No strabi clear, TMs normal 's to hear	_ cm normal	Lungs Abdomen Genetalia: Male Female Hips Femoral pulses Extremities Skin	 No murmurs, regular rh Breath sounds normal h Soft, no masses, liver & Normal appearance, cir Testes in scrotum No lesions, nl. External Good abduction, legs he Present and equal No deformities, full ROI Clear, no significant less Alert, moves extremities 	oilaterally & spleen normal rc./ uncirc. appearances engths equal M ions
Assessment:					
Plan:					
		OP	DERS		
[] Vaccine reactions, risks an	nd follow-up explain				
DTaP IDTaP DIET: Breast vs. formula feeding, so BEHAVIOR: Rolling, reaching for ol	ANTICIPA ANTICIPA plids, no milk or honey bjects	HEP B Rotavirus Nutritional asses ATORY GUIDAI till 1 yr old	ssment NCE (Circle if discu	· · · ·	stry entry
INJURY AND VIOLENCE PREVEN GUIDANCE: Teething, no bottle rec skin, clothing), family spacing, siblin SAFETY PRECAUTIONS: Infant Ca smoking, thermometer use, childcar	umbent, URI treatmen ig and family relationsh are seat, water safety, re plan, minor illness ca	t, aspiration risk nips. falls, nursery equ are, emergency c	with small objects, lan uipment, smoke detect are plan.	guage stimulation, no discip	, , , , , , , , , , , , , , , , , , ,
[] Refer to appropriate agency:	CCS, regional Center	, Early Start or L	EA Services.		

Name:	DOB:	/	/ Actual Age: _	D	Date:
Language Spoken:	Inter	preter Name:			5-6 Months
		NURSING	G INTAKE		
Height: Weight:	BMI:	HC:	Temp:	Heart Rate:	Resp:
Allergies:			Growth Chart C	completed: Yes / No	
Notes:					
Staying Healthy Started: Yes / No	Reviewed:	Yes / No	MA Signature:		
		INTERVAI	_ HISTORY		
Breastfeed or Bottle			Has WIC: Yes / No		
Diet:		Sleep	Position:		
Illness:		·	Stools:		
Accidents:			eds / Vits:		
Vision:	E:	xposure to tobaco		TB Ris	sk: Yes / No
[]] No Llood log when pulling or citting			DEVELOPMENT	[] Turne to rottli	ing coundo
[] No Head lag when pulling or sitting [] Reaches for objects	[] Rolls	briefly alone		[] Turns to rattli [] Babbles	ing sounds
[] Bears weight on legs		ns, teeths objects			gle consonants
Parental Concerns:	1			L	-
General Appearance: [] Well nourish	ad and davalana		XAMINATION		lor rhythm
[] Weil hourist [] No abuse/ne		a		[] No murmurs, regul[] Breath sounds not	
	I, A.F. Open	_ cm		[] Soft, no masses, I	
Eyes [] Conjunctiva	e, sclerae, pupils			[] Normal appearance	
[] Red reflexes	s present see [] No strabi	cmuc		[] Testes in scrotum	
Ears [] Canals clear		SITIUS		[] No lesions, nl. ext[] Good abduction, let	
[] Appears to h				[] Present and equal	
Nose [] Passages p				[] No deformities, ful	
Mouth & Pharynx [] Normal colo				[] Clear, no significa[] Alert, moves extre	
Neck [] Supple, no r Teeth [] Grossly norr	nasses palpated		Neurologic	[] Alert, moves extre	emilies wen
Assessment:					
Plan:					
			DERS		
[] Vaccine reactions, risks and fo			6		
	EP B otavirus	[] IPV	after 6 mo)	[] Immunization r	egistry entry (.25/.50mg QD, refill till age 2)
	CV (Prevnar)		tional assessment		(.257.50mg QD, renn tin age 2)
	. ,		NCE (Circle if discuss	ed)	
DIET: Introduction to solids at 5 mo. (rice			1 new/week, start with iror	n rich, no cows milk yet	t, breast feeding, formula.
BEHAVIOR: Begins to sit and crawl, disc					have a surplice to a t
INJURY AND VIOLENCE PREVENTION poisoning prevention.	a: Shinke detecto	i, poisoning risk, c	and toxic chemical st	orage, poison center p	none number, lead
Childproofing: Safety gates, window gu	ards, pool fence,	hot liquids and su	rfaces, hot water temp, ch	oking prevention, slee	ping prevention, sleeping
position.	·	·			
GUIDANCE: Consistent sleep schedule,				nt care (bathing, skin, d	clothing), childcare plan.
SAFETY PRECAUTIONS: Infant vs. todo	•	5	•		
[] Refer to appropriate agency: CCS	s, regional Center	, Early Start or LE	A Services.		

Name:	DOB:	/	/ Actual Age	e: D	ate:
Language Spoken:	Inte	rpreter Name:			7-9 Months
		NURSING	G INTAKE		
Height: We	eight: BMI:	HC:	Temp:	Heart Rate:	Resp:
Allergies:		Growth	Chart Completed: Yes	s / No	
Notes:					
Staying Healthy Starte	d: Yes / No Reviewed:	Yes / No M	A Signature:		
		INTERVAL	- HISTORY		
Diet:			Stools:		
Illness:			ds / Vits:		
Accidents:	E	xposure to tobacco		TB Risk:	Yes / No
Breastfeed or Bottle			las WIC: Yes / No)	
			VELOPMENT		
[] Sits without support[] Feeds self cracker[] Bears weight on legs	[] Responds to own nai [] Begins to creep and [] Looks for toys dropped	crawl [] Smiles	at self in mirror Dada indiscriminately	 Hold object, transference Pokes with index finder fin	
Parental Concerns:					
		PHYSICAL EX			
Appearance: Head Eyes Ears Nose Mouth & Pharynx	 [] Well nourished and devel [] No abuse/neglect evident [] Symmetrical, A.F. Open _ [] Conjunctivae, sclerae, pu [] Red reflexes present [] Appears to see [] No st [] Canals clear, TMs norma [] Appears to hear [] Passages patent [] Normal color, no lesions [] Supple, no masses palpa [] Grossly normal 	cm pils normal rabismus	Lung Abdome Genetalia Mal Femal Hip Femoral pulse Extremitie Sk	rt [] No murmurs, reg gs [] Breath sounds n en [] Soft, no masses [] Normal appeara [] Testes in scrotur [] No lesions, nl. en os [] Good abduction, es [] Present and equ es [] No deformities, f in [] Clear, no signific ic [] Alert, moves ext	ormal bilaterally , liver & spleen normal nce, m, circ./ uncirc. xternal appearances legs lengths equal al ull ROM cant lesions
Plan:					
[] Vacaina reaction	c ricks and follow up overla		DERS		
[]] Vaccine reaction	s, risks and follow-up explai	ned / VIS sneets)	[] Immunization re	odistry ontry
[] Hib [] WIC referral	[] Rotavirus [] PCV (Prevnar)	[] Flu (a [] Nutri	after 6 mo) tional assessment	[] Rx for fluoride (.25/.50mg QD, refill till age 2)
			ICE (Circle if discuss	ed)	
INJURY AND VIOLENC chemical storage, poisor GUIDANCE: Decrease i SAFETY PRECAUTION	wling, creeping, trying to pull self E PREVENTION: No food chunk In center phone number, burns: he in appetite, understands "no" but IS: Toddler care seat, no aspirin to ate agapaty CCS, regional Conta	s or hard objects the tiquids and foods of tiquids and foods not discipline, brush use, teething problem.	s, water/pool safety, lea h teeth, no bottle recur ems, dental hygiene.	ad poisoning prevention.	
[] Reier to appropri	ate agency: CCS, regional Cente	i, Early Start or LE	A Services.		

Name:		DOB:	/	Actual Age:	E D	Date:
Language Spoke	en:	Inter	oreter Name:			12-15 Months
			NURSING	G INTAKE		
Height:	Weight:	BMI:	HC:	Temp:	Heart Rate:	Resp:
Allergies:			Growth	Chart Completed: Yes	/ No	
Notes:		N. Declarat				
Staying Healthy	Started: Yes /	No Reviewed:	Yes / No	MA Signature:		
			INTERVAL	_ HISTORY		
Diet:				Stools:		
Illness:				Meds / Vits:		
Accidents:	#10		Exposure to to			Risk: Yes / No
Breastfeed or Bo	lue		GROWTH DE	Has WIC: Ye VELOPMENT	s / No	
[] Walks alone [] Takes lids off [] Waves bye-b Parental Conce	f containers []2 ye []F	Pada, Mama specific block tower Plays pat-a-cake	[] Stoops [] Scribble	and recovers	 Indicates wants by Feeds self, holds Understands simp 	cup to drink
			PHYSICAL EX	KAMINATION		
Mouth & Pha Assessment:	[]] No abuHead[]] SymmeEyes[]] Conjum[]] Red ref[]] AppearEars[]] Canals[]] AppearNose[]] Passagarynx[]] Normal	es patent color, no lesions no masses palpate	cm ils normal abismus	Lungs Abdomer Genetalia Male Female Hips Femoral pulses Extremities Skir	t [] No murmurs, reg [] Breath sounds r [] Soft, no masses [] Normal appeara [] Testes in scrotu [] No lesions, nl. e [] Good abduction [] Present and equ [] No deformities, [] Clear, no signific [] Alert, moves ext	formal bilaterally s, liver & spleen normal ince, m, circ./ uncirc. xternal appearances , legs lengths equal ual full ROM cant lesions
Plan:						
			OPC	DERS		
[] Vaccine real	actions, risks and	l follow-up explair				
MMR MR PCV (prevnar) VIC referral DIET: Table food BEHAVIOR: Fee INJURY AND VIE toxic chemical ste temps., drowning GUIDANCE: Exp bruises, childcare SAFETY PRECH	[] Varicella [] DtaP [] Hib I, milk, junk food, usi eding self, simple gar OLENCE PREVENT orage, poison center g, street safety, gun i olain temper tantrum, e plan. AUTIONS: Toddler ca	[] PPD [] IPV [] Hep B ANTICIPA ng cup/spoon, encou nes. ION: No hard objects phone number. Chilo n home, home first ai	[] Flu [] Lead [] Immu ATORY GUIDAN raging solids. The size of a bab dproofing: safety g d kit, matches, ca ation, not ready for se, teething proble	Blood Test (at 12mo) unization registry entry ICE (Circle if discuss y's pinky, toddler care s jates, window guards, p binets and latches, lead or toilet training, shoes, l ems, dental hygiene.	sed) seat, emergency care pla sool fence, hot liquids and	to 12 mo) (.25/50 mg QD, refill till age 2) n, smoke detector, drug and d surfaces, hot water
		J. The	5			Data
Next appointme	nt [] 3 months or _		MD S	ignature:		_ Date:

Name:	DOB:	/	_/ Actual Ag	e: D	ate:
Language Spoken:	Inte	rpreter Name:			16-23 Months
		NURSIN	G INTAKE		
Height: Weight:	BMI:	HC:	Temp:	Heart Rate:	Resp:
Allergies:		Growth	Chart Completed: Ye	es / No	
Notes:					
Staying Healthy Started: Yes	s / No Reviewed :	Yes / No	1 Signaturo:		
			IA Signature: L HISTORY		
Diet:		Sleep F			
Illness:			Stools:		
Accidents:			s / Vits:		
Has WIC: Yes / No	Exp	osure to tobacco s		TB Risk: Yes	/ No
		GROWTH D	EVELOPMENT		
[] Walks up steps [] Cup little spillage] 3 block tower] Uses spoon	[] Helps [] Scribb [] 7-20 w		[] Points with index f [] Points to at least o [] Brings objects to p	one body part
Parental Concerns:					
			XAMINATION	1 7 1 1 1	
Appearance:[] No a HeadHead[] Syn EyesEyes[] Cor [[] Rec [[] App EarsEars[] Car [[] App NoseNose[] Pas Sup Nor Neck[] Nor Sup		cm pils normal rabismus I	Lun Abdom Genetalia Ma Fema Hi Femoral puls Extremiti Sl	art [] No murmurs, reg gs [] Breath sounds n en [] Soft, no masses ile [] Normal appeara [] Testes in scrotur ale [] No lesions, nl. et ps [] Good abduction, es [] Present and equ es [] No deformities, f kin [] Clear, no signific gic [] Alert, moves ext	ormal bilaterally , liver & spleen normal nce, m, circ./ uncirc. xternal appearances , legs lengths equal ial full ROM cant lesions
Assessment:					
Plan:					
			DERS		
[] Vaccine reactions, risks					
[] MMR [] WIC referral [] Flu [] HCT (if high risk) [] PPD [] Hib (if not up to d)	late) [] Hep B (if not u	to date)	DtaP (if not up to date) Lead Blood Test (at 12 Immunization registry	entry [] Rx for fluoride (
DIET Dander Marken			NCE (Circle if discu	issed)	
DIET: Regular Meals with snacks BEHAVIOR: Self expression, ma INJURY AND VIOLENCE PREV and toxic chemical storage, poiso street safety, falls from play equip GUIDANCE: Accept negativism, f] Refer to appropriate agen	kes choices, pretend pla ENTION: Toddler car se on center phone number oment, tables and chairs reading to child, toilet av	ay, difficulty sharin at, emergency car . Childproofing: Sa , gun in home, pro vareness not train	g toys, expressing em re plan, no hard object afety gates, window gu stect from UV light, lea ing, toothbrush use, pa	s the size of the baby's pin ards, pool fence, hot liquid: d poisoning prevention.	s and surfaces, drowning,
Next appointment [] 6 months or		MD Sig	nature:	D	Date:

Name:	DOB:	//_	Actual Age:		Date:
Language Spoken:	Interpr	eter Name:			2 Years
		NURSING	INTAKE		
Height: Weigl	nt: BMI:	BP:	Temp:	Pulse:	Resp:
Allergies:		Growth Cl	hart Completed: Yes / N	No	
Notes:					
Staying Healthy Started:	Yes / No Reviewed:	Yes / No	MA Signature:		
		INTERVAL I			
Diet:			o Pattern:		
Illness:		I	Stools:		
Accidents:			eds / Vits:		
Has WIC: Yes / No		xposure to tobacc GROWTH DEV	ELOPMENT		sk: Yes / No
[] Identifies 1 body park[] Kicks and throws a ball[] 20 word vocabulary] puts 2-3 words together] Plays hide and seek] 3 block tower	[] Handles		[] Speech ha	nd dries hands If understandable walks up and down
Parental Concerns:					
		PHYSICAL EXA	ΜΙΝΑΤΙΟΝ		
Appearance: [Head [Eyes [[Ears [[Nose [] Well nourished and developed] No abuse/neglect evident] Symmetrical, A.F. Open] Conjunctivae, sclerae, pupils] Red reflexes present] Appears to see [] No strate] Canals clear, TMs normal] Appears to hear] Passages patent] Normal color, no lesions 	_ cm s normal	Lungs Abdomen Genetalia Male Female Hips Femoral pulses Extremities	 Soft, no mas Normal appe Testes in scr No lesions, r 	ds normal bilaterally ses, liver & spleen normal earance, otum, circ./ uncirc. nl. external appearances tion, legs lengths equal equal es, full ROM
Neck [] Supple, no masses palpated] Grossly normal	1		[] Alert, moves	
Plan:					
	vieles and felless set in the	ORDE	RS		
[] MMR (if not up to date) [] PPSV (if not up to date	risks and follow-up explaine Image: PPD Image: PPD Image: PPD Image: PPD <t< td=""><td>to date) [no history date) [to date) [up to date)</td><td>] Flu (check recommendation] Hep B (if not up to date)] Lead Blood Test (at 12 E (Circle if discussed)</td><td>[] Immun mo) [] Rx for (.25/50 mg Q</td><td>nal Assistant ization registry entry ¹luoride _{D, refill till age 2)}</td></t<>	to date) [no history date) [to date) [up to date)] Flu (check recommendation] Hep B (if not up to date)] Lead Blood Test (at 12 E (Circle if discussed)	[] Immun mo) [] Rx for (.25/50 mg Q	nal Assistant ization registry entry ¹ luoride _{D, refill till age 2)}
DIET: Regular Meals with s	nacks, iron-rich foods, sodium, c				
BEHAVIOR: Runs but falls INJURY AND VIOLENCE I smoke detector, hot water t GUIDANCE: Accept negati skin from UV light, emerger	easily, loves rough play, physica PREVENTION: Street dangers, k	l activity counselir nives, falls, drown peer play, monitor	ng. iing, poison center, storag r TV programs, brush tee	ge of drugs, toxic ch th, dentist, effects o	f passive smoking, protect
[] Refer to appropriate	agency: CCS, regional Center, E	Early Start or LEA	Services. Return for Hep	A #2 in 6 months:	
Next appointment [] 1 year	or	_ MD Signature	e:	Da	te:

Name:		DOB:	/	/ Actual Age	2:	Date:
Language Spoker	ו:	Interpre	ter Name:			3 Years
			NURSI	NG INTAKE		
Height:	Weight:	BMI:	BP:		Pulse:	Resp:
Allergies:			Grow	vth Chart: Yes / No		
Audiometry Resul	ts:		Visio	n Screen Results:		
Notes:						
Staying Healthy	Started: Yes /	No Reviewed: Y		MA Signature:		
				AL HISTORY		
Diet:		NIC: Yes / No		Seeing dentist: Yes / N	0	
Illness:		s / Vits:		Stools:		
Accidents:		Pattern:		Exposure to tobacco smol	ke:	TB Risk: Yes / No
Family history: HT	N, heart disease, h	igh cholesterol, DM, ast				
				DEVELOPMENT		
[] 4-5 word sente [] Helps in dress	ing []Pec []Sep		[]W []G	alance on each foot, 1 seo 'ashes/dries hands, brush oes up stairs alternating fo alks well, speech understa	es teeth []V eet []C	nows age, sex, first, last name focabulary of about 500 words cuts with scissors copies
Parental / Patier	nt Concerns:					
		Р	HYSICAL	EXAMINATION		
Ey Ea No	ad [] No abuse ad [] Symmetri es [] Conjunctiv [] Red refley [] Appears t ars [] Canals cle [] Appears t se [] Passages nx [] Normal co ck [] Supple, n	o see [] No strabisn ear, TMs normal o hear	ormal nus	Lungs Abdomen Genetalia: Male Female Hips Femoral pulses Extremities	[] Breath sc [] Soft, no n [] Normal a [] Testes in [] No lesion [] Good abc [] Present a [] No deforr [] Clear, no	s, nl. external appearances duction
Plan:						
				RDERS		
	ctions risks and	follow-up explained				
[] Waccine rea [] Immunization [] HCT (if high ris [] WIC Referral [] Dental Referra	Registry [sk) [PPD MCV Lipid Profile (if high risk)	[] FI [] Le [] Ai	u (check recommendations) ead Blood Test (if not in char udiometry (subjective)	t) [] Immur [] Rx for (.50	screening yearly (objective) nizations (if not up to date fluoride drops/chewable tabs 1/0mg QD till age 14)
				ANCE (Circle if discus	sed)	
BEHAVIOR: Fast INJURY AND VIO smoke detector, h matches and guns GUIDANCE: Role childcare plan.	moving, value judg DLENCE PREVENT ot water temp, winc s, emergency care p of father, B&B prob	ow guards, pool fence, plan, lead poisoning prev	ers, physica till age 6 yea play equipm vention. grams, regu	al activity counseling. ars or 60 lbs, street dange nent, bike helmet, poison o ular exercise, brush teeth,	center phone, sto	drowning, caution with strangers, orage of drugs, toxic chemicals, protection, parent smoking,
			-	nature:		Date:

Name:	DOB: _	//	Actual Age	2:	Date:
Language Spoken:	Inte	erpreter Name:			4-5 Years
		NURSING	INTAKE		
Height: Wei	ght: BMI:	BP:	Temp:	Pulse:	Resp:
Allergies:		Gro	owth Chart:		
Audiometry Results:		Visio	on Results:		
Notes:					
Staying Healthy Started	: Yes / No Reviewed	: Yes / No	MA Signature:		
D'u	Marda / Mita	INTERVAL			
Diet:	Meds / Vits:	Illnes			Has WIC: Yes / No
Accidents: Stools:	Seeing dentist: Yes / Sleep Pattern:		osure to tobacco smok jue, Nightmares, enur		TB Risk: Yes / No
	t disease, high cholesterol, DN		ue, mynimales, enur	2515.	
T anning history. TTTN, riea	t disease, flight cholesterol, biv	GROWTH DE			
[] Hons on 1 foot			th several children [1 Knows onn	osito
[] Hops on 1 foot [] Counts 4 pennies	[] Copies a square [] Catches, throws a ball	[] Recogni	zes 3-4 colors	1 Knows opp	ne, address, phone no.
Parental / Patient Cond		[] ! to bog		Junononan	
		PHYSICAL EX	ΑΜΙΝΑΤΙΟΝ		
General [] Well nourished and develo			[] No mur	murs, regular rhythm
] No abuse/neglect evident	peu			sounds normal bilaterally
Head [] Symmetrical, A.F. Open	cm			masses, liver & spleen normal
] Conjunctivae, sclerae, pupi				appearance, circ./ uncirc.
] Red reflexes present		e erretallar mare	[] Testes	
	Appears to see [] No stra	abismus	Female		ons, nl. external appearances
	Canals clear, TMs normal			[]Good a	
-	Appears to hear		Femoral pulses		
] Passages patent				prmities, full ROM
	Normal color, no lesions, n	o cavities			no significant lesions
] Supple, no masses palpate				ioves extremities well
	Grossly normal, no cavities		reareregie		
Assessment:] = = = = ;				
Plan:					
		000			
		ORD	ERS		
	, risks and follow-up expla		, , , a Tra		han
	ep A (if not previously done) [] Lead Blood Test (if		WIC referral gi	
	CT (f high risk) [A (at 5 years) [] Flu (check recommended)] Immunization Reg		Dental referral PPSV	given
	ision screening (yearly)] Lipid profile (if high			(drops/chewable tabs (.50/1.0 QD till age 14)
	udiometry (at 4 and 5 years)] Hep B (if not previous			up to date or hx date documented)
			CE (Circle if discus		
DIET/ACTIVITY: Regular					ol lunch program, nutritional counseling,
physical activity counseling	ng.				
INJURY AND VIOLENCE	E PREVENTION: Street danger	rs, knives, falls, drow	ning, caution with stra	ingers, smoke	detector, hot water temp, window
	nelmet, poison center phone, st				
					er re sex, dressing self, brushing own
		ii exercise, UV skin p	protection, Dentist Q1	yr., parent smo	oking, strangers, school readiness,
	lan, emergency care plan. agency: CCS, regional Center,	Farly Start or LEA C	Convicos		
	ayency. CCS, regional cellel,	Larry Start OF LEA S			
Next appointment [] 1	year or	MD Signa	iture:		Date:

Name:		DOB:	/	/ Actual Age):	Date:
Language Spoken:		Inter	preter Name	<u></u>		6-8 Years
			NUR	SING INTAKE		
Height:	Weight:	BMI:	BP:	Temp:		Pulse: Resp:
Allergies:				Growth Chart:		
Audiometry Results	:			Vision Results:		
Notes: Staying Healthy St	tartod	Yes / No Reviewed :	Voc / No			
Staying Healthy S	larteu:	res / no Revieweu:	res / no	MA Signature:		
			INTER	VAL HISTORY		
Diet:		Meds / Vits:		Illness, stomach, headach	e:	
Accidents:		Seeing dentist: Yes / N		Exposure to tobacco smok	:e:	TB Risk: Yes / No
Stools:		Fatigue, Nightmares, enu				Weight loss/gain:
		ease, high cholesterol, DM,				
Growth/School Pr	ogress: Ad	hievement, sports, peer relationsh	ips, attendance,	school vision or hearing problem, a	attend	lance:
Parental / Patient	Concerns					
			PHYSICA	L EXAMINATION		
General	[]We	Il nourished and develope	ed			No masses, Tanner stage I II III IV V
Appearance:		abuse/neglect evident				Clear to auscultation bilaterally
	d []No					Soft, no masses, liver & spleen normal
Eye		RRL, conjunctivae, sclera	e, clear			Grossly nl, Tanner stage I II III IV V
		ion grossly normal				Circ./uncirc. [] Testes in scrotum
Ear		nals clear, TMs normal				No lesions, nl external appearances
		aring grossly normal		Femoral pulses		
		ssages clear, MM pink, no	lesions			No deformities, full ROM
		ossly normal, no cavities		Lymph Nodes		
		ople no masses, thyroid n	ot enlarged			No scoliosis
	t [] Syr					Clear, no significant lesions
	t [] No	organic murmurs, regular	rhythm	Neurologic		Alert, no gross sensory or motor deficit
Assessment:						
						· · · · · · · · · · · · · · · · · · ·
Plan:						
				ORDERS		
		ks and follow-up explain				
[] DTAP (if not up to] Flu (check recommendations)		pid profile (if high risk)		c for fluoride (drops/chewable tabs (.50/1.0 QD till age 14)
[] IVP (if not up to da [] Hep B (if not up to] MCV] Audiometry	[]MN []PP			munization Registry entry Iricella (if not up to date or hx date documented)
[] Hep B (if not up to] Dental referral given	[]UA	-		sion screening (yearly)
	, uuto)	Jeentarreichargiven	[]0,	` [] H(
		ANTI <u>CIP</u> A	ATOR <u>Y GUI</u>	DANCE (Circle if discus	ssed	
DIET/ACTIVITY: Li	mit fat, esp					g, physical activity counseling.
INJURY AND VIOL	ENCE PR	EVENTION: Seat belt use, s				d ETOH avoidance education, smoke detector,
storage of guns, dru						
					ing, (dentist, UV skin protection, regular exercise,
		ds, family life education, chi				
[] Refer to appro	priate ager	cy: CCS, regional Center, E	any Start or	LEA SEIVICES.		

Name:	DOB:/	/ Actual Age: _	Date:						
Language Spoken:	Interpreter Nam	9-12 Years							
	NUR	SING INTAKE							
Height: Weight:	BMI: BP:	Temp:	Pulse: Resp:						
Allergies:		Growth Chart:							
Audiometry Results:		Vision Results:							
Notes:									
Staying Healthy Started: Yes / No Reviewed: Yes / No MA Signature:									
	INTER	RVAL HISTORY							
Diet:	Meds / Vits:	Illness, stomach, hea	adache:						
Appetite:	Weight loss/gain:	Physical Activity:	Sexual activity:						
Accidents:	Fatigue, Nightmares:		· · · · · · · · · · · · · · · · · · ·						
TB Risk: Yes / No	Seeing dentist: Yes / No	Menarche:	LMP:						
Exposure to tobacco smoke:	Tobacco/alcohol/drug use:	Family history: HTN,	heart disease, high cholesterol, DM, asthma:						
Growth/School Progress: (Risk questions	for 12 yr olds pood to be asked) Ac	hiovomont sports poor relationships (/	bact friand?) School vision or bearing problems						
attendance, learning from mistakes, coordination:		mevement, sports, peer relationships (a	a best mend (). School vision of meaning problems,						
Parental / Patient Concerns:									
		L EXAMINATION							
General [] Well nourishe			[] No masses, Tanner stage V V						
Appearance: [] No abuse/neg	ilect evident		[] Clear to auscultation bilaterally						
Head [] No lesions.	institues colores clear		[] Soft, no masses, liver & spleen normal						
Eyes [] PERRL, conju			[] Grossly nl, Tanner stage I II III IV V [] Circ./uncirc. [] Testes in scrotum						
[] Vision grossly Ears [] Canals clear,			[] No lesions, nl external appearances						
[] Hearing gross		Femoral pulses							
Nose [] Passages cle			[] No deformities, full ROM						
Teeth [] Grossly norm	al, no cavities		[] Not enlarged						
	sses, thyroid not enlarged		[] No scoliosis						
Chest [] Symmetrical			[] Clear, no significant lesions						
Heart [] No organic m	urmurs, regular rhythm		[] Alert, no gross sensory or motor deficit						
Assessment:									
Plan:									
		ORDERS							
[] Vaccine reactions, risks and follo									
	PSV (if high risk)	Lipid profile (if high risk)	[] Rx for fluoride (.50/1.0 QD till age 14)						
		Rx for Folic acid 1mg qd	[] Immunization Registry entry						
	IMR (if not up to date)	(if female)] GC, Chlamydia, VDRL	[] Varicella (if not up to date or hx date documented)						
		(if sexually active)	Vision screening (objective 9,10, 12 years)						
	Dental referral given	UA (once between 11-21)	[] Audiometry (objective 9,10, 12 years)						
	TVC4 (TFTZ years)	DANCE (Circle if discussed)						
DIET/ACTIVITY: Limit sweets, sodium,									
			age of guns, drugs, toxic chemicals, matches.						
			n, early sex education, puberty, abstinence,						
regular exercise – 3x a week, health de									
violence protection, seat belt.		5 i i i i i i i i i i i i i i i i i i i	, <u>,</u>						
[] Refer to appropriate agency: CCS,									
[] Refer to drug/ETOH rehab, stop sn	noking class, OB/GYN service	s, mental health, or other:							
Next appointment [] 1 year or	MD S	Signature:	Date:						

Name:	DOB:	/	/ Actual A	\ge:	Date:				
Language Spoken:	Interp	Interpreter Name:							
			ING INTAKE						
Height: Weight	: BMI:	BP:	Temp:	Pulse:	Resp:				
Allergies:			Growth Chart :						
Audiometry Results:			Vision Results:						
Notes:									
Staying Healthy Started:	Yes / No Reviewed:	Yes / No							
			MA Signature: AL HISTORY						
Diet:	Meds / Vits:	INTERV		stomach, headache:					
Appetite:	Physical Activity:			lentist: Yes / No	Accidents:				
Weight loss/gain:		heart disease,	high cholesterol, DM,		ribbidontsi				
Sexual activity:	Menarche:	LMP:	TB Risk:	Yes / No					
Exposure to tobacco smoke			co/alcohol/drug use:						
	isk questions should be asked for a sponsibility, after high school plans:	II ages). Achieven	nent, sports, peer relationshi	ps, attendance, hobbies, s	school vision or hearing problems, parental				
Parental / Patient Concerns:									
		PHYSICAL	EXAMINATION		—				
Appearance: []] Nu Head []] Nu Eyes []] Pi []] Vi []] Vi Ears []] Ci []] Nu []] Pi Nose []] Pi Teeth []] Gi Neck []] Su Chest []] Su	ERRL, conjunctivae, sclerae, c ision grossly normal anals clear, TMs normal earing grossly normal assages clear, MM pink, no les rossly normal, no cavities upple no masses, thyroid not e	ions nlarged	Abdo Gene Fer Fermoral pu Extrem Lymph No	ungs [] Clear to men [] Soft, no talia [] Grossly Male [] Circ./un male [] No lesio ulses [] No mal ities [] No defo odes [] Not enla Back [] No scol Skin [] Clear, n					
Diam									
Plan:									
		С	rders						
	s and follow-up explained / \								
 Hep B (if not up to date) Hep A (if not up to date) HCT (once between 11 to 21 Council re HIV (test if at ris MVC4 (if not up to date) 	sk) [] HPV (if not up to date) [] Dental referral given	[] Rx for [] GC, Ch [] Flu (che	ofile (if high risk) Folic acid 1mg qd (if fen Ilamydia,VDRL (if sexua ick recommendations) Fnot up to date)	nale) [] Immuni: Ily active) [] Varicella [] Vision s	uoride (.50/1.0 QD till age 14) zation Registry entry a (if not up to date or hx date documented) creening (objective 9,10, 12 years) etry (objective 9,10, 12 years)				
ANTICIPATORY GUIDANCE: Circle if discussed DIET/ACTIVITY: Fat (esp. sat & chol.) Na, FE CA, caloric balance, appropriate weight, junk food, eating disorders, physical activity counseling. INJURY AND VIOLENCE PREVENTION: Safety helmet, risk taking behavior, DUI, guns, violent behavior, motor vehicle safety, work safety. GUIDANCE: Smoking, alcohol, marijuana, cocaine, IV and other drugs, depression, suicidal ideation, puberty progress, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, family interaction, exercise. PERSONAL DEVELOPMENT: Physical, growth, sexuality, independence. SAFETY PRECAUTIONS: Seatbelt use, self breast exam, testicular self exams. [] Refer to appropriate agency: CCS, regional Center, Early Start or LEA Services.									
	nab, stop smoking class, OB/G	YN services, r	nental health, or other:						
Next appointment [] 1 year of	or	_ MD Sigr	nature:		Date:				

Name:	DOB: / Actual Age:				Date:					
Language Spoken:	Inter		17-20 Years							
NURSING INTAKE										
Height: Weigh	t: BMI:									
Allergies:		Growt	h Chart:							
Audiometry Results:			Results:							
Notes:										
Staying Healthy Started: Advance Directive Educat	Yes / No tion after 18 years: Yes /	No	Yes / No MA Signature:							
		INTERVAL HIS								
Diet:	Meds / Vits:		Illness, stomach, h							
Appetite:	Physical Activit	у:	Seeing dentist: Ye		Accidents:					
Weight loss/gain:		HTN, heart disease, h								
Sexual activity:	LMP:		TB Risk: Yes / N	0	Menarche:					
Exposure to tobacco smoke		Tobacco/a	alcohol/drug use:							
	tisk questions should be asked). Ac capacity or empathy/intimacy/reciproc		ationships, hobbies, school	achievement, attendan	ice, after high school plans, vision or					
Parental / Patient Concerns										
		PHYSICAL EXAM	INATION							
General []W	Vell nourished and developed			[] No masses, T	anner stage I II III IV V					
Appearance: [] N Head [] N Eyes [] P [] V Ears Ears [] C [] N [] V Ears [] C [] N [] P Nose [] P Teeth [] G Neck [] S Chest [] S Heart [] N Female [] P	Lungs Abdomen Genetalia-Male Male Genetalia-Female Femoral pulses Extremities Lymph Nodes Back Skin	Ings [] Clear to auscultation bilaterally en [] Soft, no masses, liver & spleen normal ale [] Grossly nl, Tanner stage I II III IV V ale [] Circ./uncirc. [] Testes in scrotum ale [] No lesions, Tanner stage I II III IV V								
Plan:										
		ORDERS								
Image: Second	[] GC, [] HC [] Mer	if female) [sexually active) [[[[] Audiometry (object] Nutritional Asses] Council re HIV (to	(objective 9,10, 12, 18 years) ctive 9,10, 12, 18 years) ssment						
ACCIDENT PREVENTION: GUIDANCE: Smoking, alco selection, condoms, contrac PERSONAL DEVELOPME ADULT HEALTH CARE: Th	ANTICIPATORY GUIDANCE (Circle if discussed) DIET/ACTIVITY: Obesity, eating disorders, junk food, nutritional counseling, physical activity counseling. ACCIDENT PREVENTION: Seatbelt use, safety helmet, risk taking behavior, DUI, guns, violent behavior, motor vehicle safety. GUIDANCE: Smoking, alcohol, marijuana, cocaine, IV and other drugs, depression, suicidal ideation, puberty progress, sex education, (partner selection, condoms, contraception, AIDS risk factors). Goals in life, regular exercise, family, social interaction, communication PERSONAL DEVELOPMENT: Independence, academic, work activities. ADULT HEALTH CARE: Transitioning to adult provider, breast self exam, testicular self exam.									
	gency: CCS, regional Center, I hab, stop smoking class, OB/									
Next appointment [] 1 year	or	MD Signature:			Date:					

Name:	DOB:/	Date:								
Language Spoken:	Interpreter Nam	21-39 Years - Female								
	NUI									
Height: Weight:	BMI: BP:	Temp:	Pulse: Resp:							
Allergies: Growth Chart Completed: Yes / No										
Notes:										
Staying Healthy Started: Ye MA Signature:	s / No Reviewed:	Yes / No Advance	Directive Education: Yes / No							
	INTE	RVAL HISTORY								
Diet:	Meds / Vits:	Illness, stomach, headach	e:							
Appetite:	Physical Activity:	Weight loss/gain:								
Sexual activity:	Hx of depression:	Menarche: G P A	Hx of Breastfeeding:							
LMP:	TB Risk: Yes / No	MMR:	Varicella or Chicken Pox Hx Date:							
Accidents:	Exposure to tobacco smoke:	Tobacco/alcohol/drug use:	: Date of last td:							
Family history: HTN, heart diseas	se, high cholesterol, DM, asthma:									
Patient Concerns:										
		AL EXAMINATION								
Appearance:[] No abuHead[] No lesEyes[] PERRI[] VisionEars[] Canals[] HearinNose[] PassaTeeth[] GrossiNeck[] SuppleChest[] SymmHeart[] No org	L, conjunctivae, sclerae, clear grossly normal s clear, TMs normal g grossly ges clear, MM pink, no lesions y normal, no cavities e no masses, thyroid not enlarged	Abdomen [Genetalia [Female [Femoral pulses [Extremities [Lymph Nodes [Back [Skin [Clear to auscultation bilaterally Soft, no masses, liver & spleen normal Grossly nl No lesions Rectal Pap Normal No deformities, full ROM							
Assessment:										
Plan:										
		ORDERS								
	d follow-up explained / VIS sheets	1								
[] MMR [] Flu (if high risk) [] Pneumo (if high risk)	 Lipid profile (repeat every five years] Rx for Folic acid 1mg qd] Dental referral given 	[] Varicella (if no hx date) [] UA (yearly)	 [] Nutritional Assessment [] Council re HIV (test if at risk) [] GC, Chlamydia, VDRL (if sexually active) [] Td (if not up to date) 							
		DANCE (Circle if discussed)								
GUIDANCE: Smoking, alcohol, n	belt use, safety helmet, risk-taking be narijuana, cocaine, IV and other drug Goals in life, regular exercise, perso	s, depression, suicidal ideation, se	or, motor vehicle safety. ex education, (partner selection, condoms, work activities, family, social interaction,							

Name:	DOB:	/	/	Actual Age:	Date:				
Language Spoken:	Interpret	er Nam	21-39 Years - Male						
NURSING INTAKE									
Height: Weight:	BMI:	BP:		Гетр:	Pulse: Resp:				
Allergies:									
Notes:									
Staying Healthy Started: Yes	Vicial Action No Revie	wed:	Yes / No	Advand	ce Directive Education: Yes / No				
MA Signature:									
		INTE	RVAL HIS	TORY					
Diet:	Meds / Vits:			s, stomach, heada					
Appetite:	Physical Activity:		Weig	ht loss/gain:	Seeing dentist: Yes / No				
Sexual activity:	Hx of depression:				art disease, high cholesterol, DM, asthma				
Date of last Td:	TB Risk: Yes / No			ella or Chicken Po					
Accidents:	Exposure to tobacco smok	9:	Toba	cco/alcohol/drug u	se:				
Patient Concerns:									
		HYSIC	AL EXAMII	NATION					
General [] Well nourished and developed Appearance: [] No abuse/neglect evident Head [] No lesions. Eyes [] PERRL, conjunctivae, sclerae, clear [] Vision grossly normal [] Canals clear, TMs normal Ears [] Canals clear, TMs normal [] Hearing grossly Nose [] Passages clear, MM pink, no lesions Teeth [] Grossly normal, no cavities Neck [] Supple no masses, thyroid not enlarged Chest [] No organic murmurs, regular rhythm				Breast[] No massesLungs[] Clear to auscultation bilaterallyAbdomen[] Soft, no masses, liver & spleen normalGenetalia[] Grossly nlMale[] Circ/uncirc.[] Testes in scrotumRectum[] Sphincter toneFemoral Pulses[] NormalExtremities[] No deformities, full ROMLymph Nodes[] No scoliosisSkin[] Clear, no significant lesionsNeurologic[] Alert, no gross sensory or motor deficit					
Plan:									
			ORDERS						
[] Vaccine reactions, risks and	follow-up explained / VIS	sheets							
[] Vacchie reactions, fisks and follow-up explained 7 vis sheets [] Flu (if at high risk) [] Varicella (if no hx d [] Pneumo (if at high risk) [] UA [] Dental Referral given [] Counsel re: HIV ([] PPD [] PD				[[[] Nutritional Assessment] Td (if not in last 10 yrs)] Lipid profile (repeat every five years)				
	ANTICIPATC	RY GU	JIDANCE ((Circle if discuss	ed)				
	y helmet, rīsk-taking behavic arijuana, cocaine, IV and otł Goals in life, regular exercis	ner drug	s, suicidal id	eation, aging proce	ehicle safety. ess, sex education, (partner selection, condoms, ee, family, social interaction, communication, work				

Name:		DOB:	/	/	Actual Age: _	Date:				
Language Spoken: _		In	terpreter Nan	40-49 Years - Female						
		NURSING INTAKE								
Height: V	Weight:	BMI:	BP:		Temp:	Pulse: Resp:				
Allergies:										
Notes:										
Staying Healthy Star MA Signature:	rted: Yes	/ No	Reviewed:	Yes / No	Advanc	e Directive Education: Yes / No				
ini toigitataroi			INTE	ERVAL HI	STORY					
Diet:		Meds / Vits:			ess, stomach, heada	che:				
Appetite:		Physical Activity:		We	ight loss/gain:	Seeing dentist: Yes / No				
Sexual activity:		Hx of depression:		Me	narche: G P A	Hx of Breastfeeding:				
LMP:		TB Risk: Yes / No				Varicella or Chicken Pox Hx Date:				
Accidents:		Exposure to tobacco		Tob	bacco/alcohol/drug us	se: Date of last td:				
Family history: HTN, h	heart disease	, high cholesterol, D	M, asthma:							
Patient Concerns:										
	F 1147 H			AL EXAN		F 1 M				
Appearance: Head Eyes Ears Nose Teeth Neck Chest	[] No abus [] No lesion [] PERRL, [] Vision gr [] Canals c [] Hearing [] Passage [] Grossly [] Supple r [] Symmet	conjunctivae, sclera ossly normal lear, TMs normal grossly s clear, MM pink, no normal, no cavities o masses, thyroid no	e, clear I lesions ot enlarged		Abdomen Genetalia Female Femoral pulses Extremities Lymph Nodes Back Skin	 Clear to auscultation bilaterally Soft, no masses, liver & spleen normal Grossly nl No lesions Rectal Pap 				
Plan:										
				ORDERS						
Vaccine reaction	s risks and	follow-up explained	d / VIS sheets		,					
[] MMR [] Flu (if high risk) [] Pneumo (if high risk)		 Lipid profile (repe Td (if not in last 10) Dental referral g 	at every five years yrs) iven	s) [] PPD [] Vario [] UA (Cella (if no hx date) yearly)	 [] Nutritional Assessment [] Council re HIV (test if at risk) [] GC, Chlamydia, VDRL (if sexually active) [] Mammogram order (every 1 to 2 years) 				
				JIDANCE	(Circle if discusse	ed)				
	TION: Safety g, alcohol, ma isk factors). C activities.	helmet, risk-taking k rijuana, cocaine, IV Goals in life, regular e	behavior, DUI, and other drug	js, suicidal	ideation, aging proce	chicle safety. ss, sex education, (partner selection, condoms, n, communication, personal development,				

Name:		DOB:/_	/	Actual Age:	Date:					
Language Spoken:	guage Spoken: Interpreter Name:				40-49 Years - Male					
NURSING INTAKE										
Height: Weig	ght: BMI:	BP:		Temp:	Pulse: Resp:					
Allergies:										
Notes:										
Staying Healthy Started	: Yes / No	Reviewed:	Yes / N	o Advan	ce Directive Education: Yes / No					
MA Signature:										
		IN	TERVAL F							
Diet:	Meds / Vits:			ness, stomach, heada						
Appetite:	Physical Activ			/eight loss/gain:	Seeing dentist: Yes / No					
Sexual activity:	Hx of depress				eart disease, high cholesterol, DM, asthma					
Date of last Td:	TB Risk: Yes			aricella or Chicken Po						
Accidents: Patient Concerns:	Exposure to t	obacco smoke:		obacco/alcohol/drug u	ISE:					
			ICAL EXA	MINATION	[] No masses					
General[] Well nourished and developedAppearance:[] No abuse/neglect evidentHead[] No lesions.Eyes[] PERRL, conjunctivae, sclerae, clear[] Vision grossly normalEars[] Canals clear, TMs normal[] Hearing grosslyNose[] Passages clear, MM pink, no lesionsTeeth[] Grossly normal, no cavitiesNeck[] Supple no masses, thyroid not enlargedChest[] No organic murmurs, regular rhythm				Lungs[] Clear to auscultation bilaterallyAbdomen[] Soft, no masses, liver & spleen normalGenetalia[] Grossly nlMale[] Circ/uncirc.Rectum[] Sphincter toneFemoral Pulses[] NormalExtremities[] No deformities, full ROMLymph Nodes[] Not enlargedBack[] No scoliosisSkin[] Clear, no significant lesionsNeurologic[] Alert, no gross sensory or motor deficit						
Plan:										
			ORDEF	S						
[] Vaccine reactions, r	isks and follow-up ex	plained / VIS shee								
[] Vaccine reactions, risks and follow-up explained / VIS sheets[] Flu (if at high risk)[] Varicella (if no hx date)[] Pneumo (if at high risk)[] UA[] Dental Referral given[] Counsel re: HIV (test[] PPD[] PSA (if high risk)			hx date) IV (test if at ri <)	[] Td (if not in last 10 yrs)						
	A		GUIDANCE	(Circle if discuss	ed)					
GUIDANCE: Smoking, al	N: Seat belt use, safety cohol, marijuana, cocai factors). Goals in life, re ities.	r helmet, risk-taking ne, IV and other dru egular exercise, fan	ugs, suicida	Il ideation, aging proc	navior, motor vehicle safety. ess, sex education, (partner selection, condoms, ation, work activities, personal development,					

lame:		DOB: _	/	/ Act	ual Age:	Date:		
anguage Spoken:		Interpreter Name:				50+ Years - Female		
				SING INTAKE				
Height:	Weight:	BMI:	BP:	Temp:	F	Pulse: Resp:		
Allergies:								
Notes:								
Staying Healthy St	arted: Yes /	No F	Reviewed: Y	'es / No	Advance E	Directive Education: Yes / N	lo	
MA Signature:								
			INTER	VAL HISTORY	· · · · ·			
Diet:		Meds / Vits:		Illness, stoma			(
Appetite:		Physical Activity:		Weight loss/g	ain:	Seeing dentist: Yes	s / No	
Sexual activity:		Ax of depression:		Menarche:				
LMP:		TB Risk: Yes / No		Varicella or C				
Accidents:		Exposure to tobacco		Tobacco/alco	nol/drug use:	Date of last td:		
	, heart disease,	high cholesterol, DM	l, asthma:					
Patient Concerns:								
General		ished and developed		L EXAMINATION	t (female) [1 No massas		
		e/neglect evident	1	Bleas] Clear to auscultation bilaterally		
Appearance:	I No lesion] Soft, no masses, liver & spleen		
		s. conjunctivae, sclerae,	cloar				I IIUIIIIdi	
Lyes	[] Vision gro		, cieai		Genetalia] Pap [] Rectal year	rly.	
Fare		ear, TMs normal		Fomo	ral pulses [] Normal	Iy	
Ldis	[] Hearing g			F	vtromitios] No deformities, full ROM		
Nose		s clear, MM pink, no l	esions] Not enlarged		
		ormal, no cavities	6310113	Lynn] No lordosis/scoliosis/other abn	ormality	
		o masses, thyroid not	t enlarged] Clear, no significant lesions	ormanty	
	[] Symmetri		enlargea	Ν] Alert, no gross sensory or moto	nr deficit	
Heart	[] No organi	ic murmurs, regular r	•hvthm	I N] Occult Blood (if 50+)		
Assessment:								
Plan:								
Vaccine reaction	ons, risks and f	ollow-up explained		ORDERS				
] Flu (yearly)			ricella (if no hx da	ate)	[]]	Nutritional Assessment		
Pneumo (if above	65 or high risk)	[]UA	•			Council re HIV (test if at risk)		
] Dental Referral			cal Occult Bloo	d (yearly)		Colonoscopy (every 10 years)		
[] Lipid profile (repe			ex Sigmoid (ever			Vammo (yearly to 65 years than @ clin	icians discretio	
[] PPD	,		(if not in last 10 yrs					
-				DANCE (Circle if	discussed)			
Correct Diet: Obesi	ity, eating disord	ders and junk foods.						
			, risk-taking be	havior, DUL ouns y	violent behavio	or, motor vehicle safety.		
						, sex education, (partner selection	n. condoms	
						work or retirement activities, famil		
interaction, commun		sals in mo, rogaidi or	.e. 0.00, poi 301				.j, 000101	
SELF HEALTH CAI	RF: Breast self (exam.						

Name:		DOB:	/	/	Actual Age:	Date:	
Language Spoken:		Inter	50+ Years - Male				
			NUR	SING INTA	AKE		
Height:	Weight:	BMI:	BP:		emp:	Pulse: Resp:	
Allergies:							
Notes:							
Staying Healthy St	arted: Yes / No	Re	eviewed: Y	'es / No	Advanc	e Directive Education: Yes / No	
MA Signature:							
Ň			INTER	VAL HIST	ORY		
Diet:	Meds	; / Vits:			s, stomach, headad		
Appetite:		cal Activity:			nt loss/gain:	Seeing dentist: Yes / No	
Sexual activity:		depression:				art disease, high cholesterol, DM, asthma	
Date of last Td:		isk: Yes / No		Varice	ella or Chicken Pox	K Hx Date:	
Accidents:	Expo	sure to tobacco sr	noke:	Tobac	cco/alcohol/drug us	se:	
Patient Concerns:							
			PHYSICA	I FXAMIN	ΙΔΤΙΟΝΙ		
General	[] Well nourishe	hand developed				[] No masses	
Appearance:	[] No abuse/neg					[] Clear to auscultation bilaterally	
	I No lesions.					[] Soft, no masses, liver & spleen normal	
	[] PERRL, conju	inctivae sclerae (lear			[] Grossly nl	
Lyca	[] Vision grossly		Sicul			[] Circ/uncirc. [] Testes in scrotum	
Fars	[] Canals clear,					[] Sphincter tone [] Prostate Exam	
Edit	[] Hearing gross				Femoral Pulses		
Nose	e [] Passages clea		sions		Extremities	[] No deformities, full ROM	
	Grossly norma					[] Not enlarged	
Neck	[] Supple no ma	sses thyroid not e	enlarged			[] No lordosis/scoliosis/other abnormality	
	[] Symmetrical	sses, ingreid ner (Sinargou			[] Clear, no significant lesions	
		irmurs regular rh	vthm Neurol	oaic		[] Alert, no gross sensory or motor deficit	
riouri] No organic murmurs, regular rhythm Neurologic [] Alert, no gross sensory or motor deficit [] Occult Blood (if 50+) [] Occult Blood (if 50+)					
Assessment:					ŀ		
Plan:							
				ORDERS			
	ons, risks and follo				l r	1 Nutritional Accomment	
[] Flu (yearly) [] Pneumo (if above	(E 1) ())		cella (if no hx da	ate)] Nutritional Assessment	
		[]UA		d (t.)] Colonoscopy (every 10 years)	
[] Dental Referral			al Occult Bloo] PSA	
[] Lipid profile (repe	eat every five years)	[] Flex	Sigmoid (ever	y 5 years] Td (if not in last 10 yrs)	
[] PPD					ircle if discusse	d)	
Correct Diet: Obesi	ty oating disorders		TURT GUIL	JANCE (C		u)	
			dali taking hal	haviar DIII	auna vialanthaha	nuiar matar vahiala aafatu	
						avior, motor vehicle safety.	
						ss, sex education, (partner selection, condoms, e, family, social interaction, communication, work	
activities.	mar iacionaj. Oudis	in me, regular exe	neise, hei solli	aruevelupii		, ranniy, social interaction, communication, work	
SELF HEALTH CAI	RF · Breast self evan	n testicular self ev	am				
Next appointment []	1 year or		MD Signa	iture:		Date:	