



Name:	DOB:	Actual Age:
-------	------	-------------

Health Watch EPSDT 3 YEARS

NURSING INTAKE						
Height:	Weight:	BMI:	BP:	Temp.:	Pulse:	Resp.:
Allergies:				Growth Charts Completed: []		

INTERVAL HISTORY		Physical Activity:	
Diet:	Has WIC: Yes / No	Stools:	Dental home:
Illnesses:		Sleep Pattern:	Seeing dentist: Yes / No
Accidents:		Family history: HTN, heart disease, high cholesterol, DM, asthma	
Meds./Vits.:		Exposure to tobacco smoke:	TB Risk: Yes / No

GROWTH-DEVELOPMENT: Physical Activity: _____

<input type="checkbox"/> Vocabulary of about 500 words	<input type="checkbox"/> Helps in dressing
<input type="checkbox"/> Goes up stairs alternating feet	<input type="checkbox"/> Copies +
<input type="checkbox"/> Plays with other children	<input type="checkbox"/> 20 teeth
<input type="checkbox"/> Knows age, sex, first, last name	<input type="checkbox"/> Cuts with scissors
<input type="checkbox"/> Balance on each foot, 1 second	

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION (unclothed)

Legend: ✓ = Normal x = Abnormal

General Appearance [] Well nourished and developed	Heart [] No murmurs, regular rhythm
[] No abuse/neglect evident	Lungs [] Breath sounds normal bilaterally
Head [] Symmetrical, A.F. closed	Abdomen [] Soft, no masses, liver & spleen normal
Eyes [] Conjunctivae, sclerae, pupils normal	Genitalia: Male [] Normal appearance, circ./uncirc.
[] Red reflexes present	[] Testes in scrotum
[] Appears to see [] No strabismus	Female [] No lesions, nl external appearances
Ears [] Canals clear, TMS normal	Hips [] Good abduction
[] Appears to hear	Femoral pulses [] Present and equal
Nose [] Passages patent	Extremities [] No deformities, full ROM
Mouth & pharynx [] Normal color, no lesions, no cavities	Skin [] Clear, no significant lesions
Neurologic [] Alert, moves extremities well	Teeth [] Grossly normal, no cavities
Neck [] Supple, no masses palpated	

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given.

<input type="checkbox"/> HCT (if high risk)	<input type="checkbox"/> Immunizations (if not up to date)
<input type="checkbox"/> Vision screening yearly (objective)	<input type="checkbox"/> Immunization Registry
<input type="checkbox"/> Audiometry (subjective)	<input type="checkbox"/> Influenza vaccine (check recommendations)
<input type="checkbox"/> PPD	<input type="checkbox"/> Dental Referral given
[] WIC Referral	<input type="checkbox"/> Lipid Profile (if high risk)
<input type="checkbox"/> Rx for fluoride drops/chewable tabs .50/1.0 mg QD till age 14	<input type="checkbox"/> Lead Blood Test (if not in chart)
<input type="checkbox"/> Fluoride varnish application	

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Regular meals with snacks, caloric balance, sweets, sodium, iron, no bottles.

Behavior: Fast moving, value judgments, very aware of peers

Injury & Violence prevention: Toddler car seat, street dangers, knives, falls, drowning, caution with strangers, smoke detector, hot water temp., window guards, pool fence, play equipment, bike helmet, poison center phone number, storage of drugs, toxic chemicals, matches, and guns, emergency care plan, lead poisoning prevention

Guidance: Role of father, B&B problems, stuttering, TV programs, regular exercise, Education on Fluoride varnish treatment brush teeth, dentist, UV skin protection, parent smoking, childcare plan, physical activity education, sun screen.

Refer to appropriate agency.

Next appointment [] 1 year or _____ Signature _____ Date _____