

RESIDENTIAL & FAMILY SERVICES				
Name:		DOB:	Actual Age	e:
			· ·	
HealthWatch EPSDT 5-6 MONTHS				
INTAKE & VITAL SIGNS				
Height: Weight:	H.C.:	Temp.:	Pulse:	Resp.:
		Growth Charts C	Completed: []	
INTERVAL HISTORY	Breastfeed or Bottle	Sleep position:		
Diet:	Has WIC: Yes / No	Stools:	Meds/Vits:	
Illnesses:		Physical activity		
Accidents:		Exposure to toba	cco smoke:	TB Risk: Yes / No
GROWTH-DEVELOPMENT: [] No head lag when pulled to sitting [] Reaches for objects [] Bears weight on legs [] Orients to bell PARENTAL CONCERNS:		[] Rolls both ways[] Sits briefly alone[] Gums, teeths objects[] Babbles		
FARENTAL CONCERNS:				
PHYSICAL EXAMINATION (Unclothed)				
Legend: $\sqrt{=}$ Normal $x = Abnormal$				
[] No abuse/negl Head [] Symmetrical, Eyes [] Conjunctivae, [] Red reflexes p	d and developed ect evident A.F. open cm sclerae, pupils normal resent e [] No strabismus fMs normal ar nt no lesions sses palpated	Heart Lungs Abdomen Genitalia Male Female Hips Femoral pulses Extremities Skin Neurologic	No murmurs, r Breath sounds Soft, no masse Normal appear Testes in scrot No lesions, nl. Good abductio Present and eq No deformities Clear, no signi	normal bilaterally es, liver & spleen normal rance rum, circ./uncirc. external appearances on, leg length equal qual s, full ROM
PLAN:				
[] Hib [] Influer [] Hep B [] WIC F [] Rotavirus [] PPD (ar ide varnish application nza vaccine (after 6 mor Referral if indicated) if discussed gs. & fruit), solids 1 new nation of people.	[]	Other Immunization registry Nutritional assessmen Rx for fluoride .25/.50 Iron supplement (if index	ong QD, refill till age 2 dicated) a, breast feeding, formula
Childproofing: Safety gates, window guards, pool fence, hot liquids/surfaces, hot water temp., choking prevention, sleeping position				
Guidance: Consistent sleep schedule, teething and tooth care, Education on Fluoride varnish treatment blocks, repetitive games, no				
bottle recumbent, parent smoking, no aspirin use, sun screen, infant vs. toddler car seat, infant care (bathing, skin,), childcare plan.				

Next appointment [] 2 months or ______ Signature _____ Date _____

[] Refer to appropriate agency.