

FORM

Child Non-Emergency Medical Check-up Form / *Formulario de Chequeo Médico Preventivo para Niños*

Program Year: September 2009-August 2010 / Año del Programa: septiembre 2009-agosto 2010

Participant Name / Nombre del Participante:	Date of Birth / Fecha de Nacimiento:	Family ID # / No. de Identificación de Familia:	Date of Visit / Fecha de la Visita:

Screenings / Chequeos

CONDITIONS / AFECIONES	GUIDELINES / INDICACIONES	COMPLETION STATUS / PROGRESO LOGRADO
FOR AGES 0-5 / PARA EDADES DE 0-5		
Developmental Assessment (e.g. Ages and Stages)	Assess annually For screen (+), refer children < 30 months to Early Intervention (EI)	<input type="checkbox"/> Assessment completed <input type="checkbox"/> Referred to EI
Lead Exposure Screen	Measure at annual visit for 1 & 2 yrs and assess risk of lead exposure annually until age 6	<input type="checkbox"/> Screening/assessment completed
Body Mass Index (BMI) (Discuss fitnessgram)	Measure at every annual visit	<input type="checkbox"/> Screening completed
Routine physical	Complete at annual visit	<input type="checkbox"/> Physical completed
FOR AGES 6-12 / PARA EDADES DE 6-12		
Body Mass Index (BMI) (Discuss fitnessgram)	Measure at every annual visit	<input type="checkbox"/> Screening completed
Routine physical	Complete at annual visit	<input type="checkbox"/> Physical completed
FOR AGES 13-19 / PARA EDADES DE 13-19		
Body Mass Index (BMI) (Discuss fitnessgram)	Measure at every annual visit	<input type="checkbox"/> Screening completed
Reproductive Health Counseling	Counseling, referral, prescribing and dispensing of contraceptives and screening for STIs	<input type="checkbox"/> Counseling completed
Routine physical	Complete at annual visit	<input type="checkbox"/> Physical completed

Immunizations Review / Revisión de Inmunizaciones

Discussed immunization status and made appropriate recommendations

Recommended Follow-Up Visit (With current doctor or other specialist) / Visita de Seguimiento Recomendada (con el médico actual u otro especialista)

Next visit should occur in:

- 3 Months
- Up to 6 Months
- Up to 1 year

Next annual preventive exam:

1 year

Doctor's Information / Información del Médico

NAME / NOMBRE: _____

SIGNATURE / FIRMA: _____

OFFICE OR CLINIC NAME / NOMBRE DE LA OFICINA O CLÍNICA: _____

STREET ADDRESS / DIRECCIÓN: _____

CITY, STATE, ZIP / CIUDAD, ESTADO, CÓDIGO POSTAL: _____

TELEPHONE NUMBER / NÚMERO DE TELÉFONO: _____

EMAIL / CORREO ELECTRÓNICO: _____

MUST PROVIDE:

LICENSE NUMBER

OR

OFFICE/CLINIC STAMP