CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Child's Name: (Last) (First)		Parent/Guardian:
Date of Birth:		Address

This child is present for the following well-child EPSDT exam:

☐ 1 month ☐ 6-8 month ☐ 15 month ☐ 30 month

☐ 2-3 month ☐ 9-11 month ☐ 18 month ☐ 36 month

☐ 4-5 month ☐ 12 month ☐ 24 month ☐ 4 yr. ☐ 5 yr.

Date of Exam:	Immunization Record: ☐ Attached

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMVERGENCY (DESCRIBE IF ANY):

☐ NONE

DESCRIBE ALL MEDICATION THE CHILD RECEIVES AND REASON FOR THE MEDICATON. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTTACH ADDITIONAL SHEETS IF NECESSARY.

DESCRIBE ANY SPECIAL DIET THE CHILD RECEIVES AND REASON FOR THE SPECIAL DIET.

CHILD'S ALLERGIES (DESCRIBE IF ANY):

☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT / SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.

☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?

☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMEDED BY THE AMERICAN ACADEMY OF PEDIATRICS?

☐ YES ☐ NO

SCREENING RESULTS:

SCREEN:	DATE OF SCREEN:	RESULT:
VISION (SUBJECTIVE UNTIL AGE 3)		
HEARING (SUBJECTIVE UNTIL AGE 4)		
BLOOD LEAD		
HEMOGLOBIN (IRON)		
GROWTH ASSESSMENT		
ORAL HEALTH (CITY OR WELL WATER)		FLUORIDE □ YES □ NO

MEDICAL CARE PROVIDER: LICENSE NUMBER:	SIGNATURE OF PHYSICIAN, CRNP, OR PHYSICIAN ASSISTANT TITLE:	DATE FORM SIGNED:
DATE FORM RECEIVED BY CHILDCARE FACILITY:		