Well Child Exam Form

EDUCARE WINNEBAGO

Exam Date: _____

Child's name: _____ Date of Birth: _____

Please check Well Child Exam performed today:

2 Months	4 Months	6 months	9 months	12 months	15 months	18 months	24 months	30 months	36 months	48 months
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Height: _____ Weight: _____ Head Circumference: _____

Blood Lead Screening Level: _____ Hematocrit Level: _____ Hemoglobin Level: _____

Blood Pressure: _____

	NORMAL	ABNORMAL	REFERRED	NOT EVALUATED	COMMENTS
General Appearance					
Posture, Gait					
Speech					
Head					
Skin					
Eyes					
Ears External Canal					
Hearing					
Nose, Mouth, Throat					
Teeth and Gums					
Heart					
Lungs					
Allergies					
Nutrition					
Developmental/Behavioral Assessment					

Developmental/Behavioral Guidance:

_____

Immunizations Up to Date: ☐ YES ☐ NO

If no please explain: _____

Please attach a copy of the Immunization with a signature

Medications prescribed (if applicable): _____

Treatment or Follow-Up needed: ☐ YES ☐ NO Date of Follow up if applicable: _____

Providers Signature: _____ Date: _____