

HEALTH - SUMMARY OF SERVICES

CHILD'S NAME _____

DATE	PROGRESS NOTE #	SERVICE
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H1. CERTIFICATE OF IMMUNIZATION STATUS (Date CIS signed)

IMMUNIZATION REVIEW FORM

Date _____ Complete Date _____ Up-to-Date
 Date _____ Behind Schedule Date _____ Exemption

H2. DEVELOPMENTAL HISTORY

H3. HEALTH HISTORY

PRENATAL HEALTH HISTORY

H4. MEDICAL ALERTS/ALLERGIES

Date Severe Allergy Date Food Allergy Date Asthma Date Seizure Disorder
 Protocol Completed Special Diet/Food Sub. Form Completed Asthma Management Protocol Completed Protocol Completed

H5. VISION SCREENING

Passed Referred Date _____ Rescreen Passed Referred
 Date _____ Rescreen Passed Referred

H6. AUDIO SCREENING

Passed Referred Date _____ Rescreen Passed Referred
 Date _____ Rescreen Passed Referred

H7. NUTRITION ASSESSMENT

Referred to Registered Dietitian BMI > 95%/Care plan in place
 Date _____ Fall Height and Weight
 Date _____ Spring Height and Weight

H8. HEALTH APPRAISAL/WELL CHILD EXAM

30 DAY DETERMINATION DATE

Prenatal Date	Newborn/2wk/Date	2 mo/Date	4 mo/Date	6 mo/Date	9 mo/Date	12 mo/Date	15-18 mo/Date	2 yr/Date	3 yr/Date	4 yr/Date	5 yr/Date	Doc. Of Refusal

H9. DENTAL SCREENING (EHS)

DENTAL EXAMS (EHS/HS)

30 DAY DETERMINATION DATE

90 days/Date	6 mo/Date	6 mo/Date	6 mo/Date	6 mo/Date	1yr/Date	2 yr/Date	3 yr/Date	4 yr/Date	5 yr/Date	Doc. Of Refusal

FLUORIDE VARNISH APPLICATION/HYGIENE SCREEN (EHS/HS)

Date _____ Referred
 Date _____ Referred

H10. LEAD SCREENING

Refusal Date _____ **LEAD BLOOD TEST**

H11. INCIDENT REPORT

Date _____ Date _____ Date _____
 Injury: _____ Injury: _____ Injury: _____

H12. MEDICATION ADMINISTRATION AUTHORIZATION

H13. HEALTH COMPONENT APPOINTMENTS AND TRACKING

