Comprehensive Health Assessment

6 to 8 Years Old	Actual Age: Date:		
Medical Record #			
Gender	☐ Male ☐ Female		
Accompanied By	☐ Self ☐ Parent ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused		
Name of Interpreter:			
Intake		**Vital Signs**	
Allergies		Temp	
Height		BP	
Weight		Pulse	
BMI Value		Resp	
BMI %			
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		
Hearing Screening	☐ Responded at ≤ 25 dB at 1000-4000 frequencies in both ears ☐ Non coop		
Vision Screening	OD: OS: OU: ☐ Non coop		
Dental Provider	Last visit date:		
Chronic Problems/Significant Conditions: ☐ See Problem List			
Current Medications/Vitamins: ☐ See Medication List			
Interval History			
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:		
Appetite	☐ Good ☐ Fair ☐ Poor		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 60 min/day) ☐ Fainting ☐ Sudden seizures ☐ SOB ☐ Chest pain		
Sleep Pattern	☐ Regular ☐ Fatigue ☐ Snoring ☐ Enuresis		
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR		
Family History	☐ Unremarkable	☐ Diabetes	
☐ Heart disease	☐ HTN	☐ Asthma	
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 YO	
☐ Other:			
Psychosocial & Behavioral Assessment, Family/ Social Factors	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ Family stressors (mental illness, drugs, violence/abuse)		
Lives with	☐ 1 Parent ☐ 2 Parents ☐ Other:		

Name: DOB:

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ H&P, ☐ Other:	☐	☐
Intimate Partner Violence	☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Psychosocial / Behavioral	☐ PSC, ☐ H&P, ☐ Other:	☐	☐
Sudden Cardiac Arrest	☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ H&P, ☐ Other:	☐	☐
Growth and Development / School Progress			
☐ Rides bicycle	☐ Knows right from left	☐ Reads for pleasure	
☐ Ties shoelaces	☐ Draws person with 6 parts including clothing	☐ Tells time	
☐ Rules and consequences	☐ Independence	☐ Prints first name	
Physical Examination			**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident		☐
Head	No lesions		☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal		☐
Ears	Canals clear, TMs normal Hearing grossly normal		☐
Nose	Passages clear, MM pink, no lesions		☐
Teeth	No visible cavities & grossly normal		☐
Mouth / Pharynx	Oral mucosa pink, no lesions		☐
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III IV V		☐
Heart	No organic murmurs, regular rhythm		☐
Lungs	Clear to auscultation bilaterally		☐
Abdomen	Soft, no masses, liver & spleen normal		☐
Genitalia	Grossly normal Tanner stage: I II III IV V		☐
Male	Circ / uncircumcised, testes in scrotum		☐
Female	No lesions, normal external appearance		☐
Femoral pulses	Normal		☐
Extremities	No deformities, full ROM		☐
Lymph nodes	Not enlarged		☐
Back	No scoliosis		☐
Skin	Clear, no significant lesions		☐
Neurologic	Alert, no gross sensory or motor deficit		☐

Name: DOB:

Subjective / Objective

Assessment

Plan

Referrals

☐ Dentist	☐ Optometrist / Ophthalmologist	☐ Audiologist
☐ Dietician / Nutritionist	☐ Regional Center	☐ Early Start or Local Education Agency
☐ CA Children's Services (CCS)	☐ Other:	

Orders

☐ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel
☐ DTaP (if not up to date)	☐ MMR (if not up to date)	☐ Hct / Hgb (if high risk)
☐ Hep A (if not up to date)	☐ Tdap (≥7 YO)	☐ Lipid panel (if high risk)
☐ Hep B (if not up to date)	☐ Varicella (if not up to date)	☐ PPD skin test (if high risk) ☐ QFT (if high risk)
☐ IPV (if not up to date)	☐ Blood Lead (if high risk)	☐ CXR ☐ Urinalysis
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	☐ ECG ☐ COVID 19 test
☐ Other:		

Anticipatory Guidance (AG) / Education (√ if discussed)

Diet, Nutrition & Exercise

☐ Weight control / obesity	☐ Vegetables, fruits	☐ Lean protein
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
☐ Physical activity / exercise	☐ Healthy food choices	☐ Eating disorder

Accident Prevention & Guidance

☐ Routine dental care	☐ Use of social media	☐ Peer pressure
☐ Lead Poisoning Prevention	☐ Avoid risk-taking behavior	☐ Independence
☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development
☐ Mental health (emotional support)	☐ Non-violent conflict resolution	☐ Physical growth
☐ Form caring & supportive relationships with family & peers	☐ Safety helmet ☐ Seat belt	☐ Daily mindful movements
☐ Early Sex education	☐ Limit screen time	☐ Puberty
☐ Smoking/vaping use/exposure	☐ Skin cancer prevention	☐ Bedtime

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Staying Healthy Assessment / IHEBA forms reviewed, completed, dated, & signed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date

Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)