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|  | **YDI Early Childhood Education & Family Development Division** |  |
| **Head Start Well Child Check 3-5 Years old** |

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| **Please Fill out completely as required by NM EPSDT and recommended by American Academy of Pediatrics for children**  **3-5 years old.** | Child’s Name: | | | | | DOB: | | | |
| Parents Name | | | | | Phone | | | |
| Present Age yrs. Mos. | | | | | | | | |
| Date | Test | | | Results | Date | Test | | Results |
|  | Height (no shoes, to nearest  1/8 in). | | |  |  | Weight (Light clothing  to the nearest 1/4Ib). | |  |
|  | Lead at 12 mos per state of  NM EPDST | | |  |  | Hearing (Type of test)  R/L Comments | |  |
|  | Lead at 24 mos per state of  NM EPDST | | |  |  | Blood pressure | |  |
|  | Hematocrit/Hemoglobin. | | |  |  | Vision (Type of test)  Acuity, R/L, Strabismus | |  |
| **If you have any questions please feel free to call YDI Head Start at**  **Phone: 212-7212**  **Fax: 268-0457**  **Thank You for your support and working with us to determine if children are healthy and ready to learn!** |  | | | Normal  for age | Abnormal | Not  Eval. | Comments | | |
| a. General Appearance | | |  |  |  |  | | |
| b. Posture, Gait | | |  |  |  |
| c. Speech | | |  |  |  |
| d. Head | | |  |  |  |
| e. Skin | | |  |  |  |
| f. Eyes (1) External Aspects | | |  |  |  |
| (2) Optic Fundiscopic | | |  |  |  |
| (3) Cover Test | | |  |  |  |
| g. Ears (1) External & Canals | | |  |  |  |
| (2) Tympanic Membranes | | |  |  |  |
| h. Nose, Mouth, Pharynx | | |  |  |  |
| i. Teeth | | |  |  |  |
| j. Heart | | |  |  |  |
| k. Lungs | | |  |  |  |
| l. Abdomen (include hernia) | | |  |  |  |
| m. Genitalia | | |  |  |  |
| n. Bones, Joints, Muscles | | |  |  |  |
| 1. Neurological/Social    1. Gross Motor | | |  |  |  |
| (2) Fine Motor | | |  |  |  |
| (3) Communication Skills | | |  |  |  |
| (4) Cognitive | | |  |  |  |
| (5) Self-Help Skills | | |  |  |  |
| (6) Social Skills | | |  |  |  |
| p. Glands (Lymphatic/Thyroid) | | |  |  |  |
| q. Muscular Coordination | | |  |  |  |
| r. Allergies (environmental, food) | | |  |  |  |
| General Statement on child’s physical status: | | | | | | | | |
| Abnormal Findings/Diagnosis | | Treatment Plan | | | Recommended follow up or results | | | Date |
| a. | |  | | |  | | |  |
| b. | |  | | |  | | |  |
| c. | |  | | |  | | |  |
| Physician Printed: | | | Physician Signature: | | | | | Date : | |

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|  | **DON’T NOT WRITE BELOW LINE: YDI OFFICE USE ONLY** |
| Received on: Received By: Entered on: | |