Community **Action** Partnership of Ramsey & Washington Counties

# Child & Teen Check-Up Exam

**Name** _____ **DOB:**____/____/____ **Gender**: ☐ M ☐ F

Is child up to date with C&TC including all required tests: ☐Yes☐No If no, what is not complete: _____

Are Immunization up-to-date (*Please attach a copy*): ☐ Yes ☐ No

Height:_____in. Weight:_____lbs. ☐ No Concern ☐ Concern

Blood Pressure:_____/_____☐ No Concern ☐ Concern

Vision Status: ☐No Concern ☐Concern ☐Unable ☐Refer

R 20/_____ L 20/_____ Corrected:☐ Yes ☐ No

Photo Screener: ☐ Pass ☐ Refer

Hearing Status: ☐No Concern ☐Concern ☐Unable ☐Refer

| | 500 (25) | 1000 (20) | 2000 (20) | 4000 (20) |
|---|---|---|---|---|
| Right | | | | |
| Left | | | | |

*Required by HS-Previous dates acceptable

| *Lab | Date | Results | Comments |
|---|---|---|---|
| *Hemoglobin | | | |
| *Blood Lead Level | | | |

| Area | N | AB | Comments | Area | N | AB | Comments |
|---|---|---|---|---|---|---|---|
| General Appearance | | | | Lungs | | | |
| Head | | | | Abdomen | | | |
| Face | | | | Genitourinary | | | |
| Eyes | | | | Musculoskeletal | | | |
| Ears | | | | Spine | | | |
| Mouth-Teeth | | | | Extremities | | | |
| Throat | | | | Skin | | | |
| Nose | | | | Neurological | | | |
| Neck | | | | Nutritional Status | | | |
| Cardiovascular | | | | Emotional Status | | | |
| Chest | | | | Speech | | | |

Allergies: _____

Routine Medications: _____

Is child developing appropriately for his/her age? ☐ No ☐ Yes, please specify: _____

Is a special diet necessary? ☐ No ☐ Yes, please identify restrictions: _____

Is there a condition which may result in an emergency? ☐ No ☐ Yes, please specify: _____

Is there a condition that may interfere with learning? ☐ No ☐ Yes, please specify: _____

Please indicate any present health conditions: _____

**Any restrictions or recommendations:** _____

***Physical Exam Date:** _____

**Signature of Health Care Provider:** _____ **Date Signed:** _____

Print Providers Name: _____

Clinic Name: _____

Address_____ Phone: _____ Fax: _____