

PHYSICIAN'S EARLY CHILDHOOD SCREENING SUMMARY

CHILD'S NAME _____ SCREENING DATE _____ MONTH _____ DAY _____ YEAR
BIRTHDATE _____ MONTH _____ DAY _____ YEAR AGE _____ YEARS _____ MONTHS

OK
Rescreen
Refer _____ Screener's Initials _____

COMPONENTS:

FINDINGS:

Physical Assessment* Last Well Child Visit Dental Inspection Last Dental Visit
_____/_____/_____

Laboratory Tests* Lead _____

HEALTH HISTORY/
CURRENT STATUS:*

Past Health History _____

Present Health Status _____

Health Behaviors/Practices _____

NUTRITION ASSESSMENT:

GROWTH:* Height _____ (_____ % tile) Weight _____ (_____ % tile)

IMMUNIZATION REVIEW:

VISION: Acuity R 10/_____ L 10/_____
Observation _____ Rescreen R 10/_____ L 10/_____

Muscle Balance

HEARING:

Screen R _____ L _____
Rescreen R _____ L _____

DEVELOPMENT: (general findings, not scores) (Tool: _____)

Cognitive _____

Fine Motor _____

Gross Motor _____

Speech & Language _____

Social - Emotional _____

Parent report of Development _____

FAMILY FACTORS:

Home, Child Care _____

Access to Health Care _____

Family Members _____

Resources & Needs _____

COMMENTS:**EARLY EDUCATION EXPERIENCES:****SUMMARY:** (The child's strengths and needs may be recorded here.)**PRIORITIES:****REFERRALS & RESOURCES****TIMELINE****DENTAL:**

Refer for Initial Visit

IMMUNIZATIONS:

Given On Site _____

Referred _____

Signature of Parent_____
Signature of Summary Interviewer/Position_____
Telephone Number

Copies Distributed To:

____ Parent

____ Health Care Provider (with consent)

____ School District Pupil Health Record (with consent)

FOLLOW-UP:Mail this form and
The Registration Form
Back to:Early Childhood and Family Learning Center
110600 Village Road
Chaska, MN 55318
Attn: Carol Brenton