



Healthcek Checklist

Date: _____ Patient Name: _____

Allergies: _____

Medications: _____

Medical History: Unremarkable

Family History: Unremarkable

Substance Use (drugs, ETOH, tobacco): _____

Sexual History/Contraception: _____

Pelvic Exam: Testicular Exam: _____

Height/Weight/Percentiles: _____/_____% _____/_____% _____/_____%

Head Circumference/Percentile (birth-age 2): _____/_____%

Pulse: _____ Respirations: _____ BP: _____

ENT Assessment: Normal

Gross/Fine Motor Development: Normal

Communication Skills: Normal

Social/Emotional Development: Normal

Cognitive Skills: Normal

Nutritional Assessment: Normal

Ophthalmoscopy, Internal (birth-age 3), External (age 3-20): Normal

Hearing Assessment, External (birth-age 3), Pure Tone (age 3-20): Normal

Dental Assessment - Structure, Caries Inspection: Normal

Dental Appointment (age 2 and older)

Immunization and Healthcek Schedule

Lead Level-Age 1: _____ mcg/DI Lead Level-Age 2: _____ mcg/DI

Hemoglobin-Age 1: _____ g/DI Hemoglobin-One time, age 12-20: _____ g/DI

Health Education Conducted: Bottle caries Healthy lifestyle

Community resources Accident/Disease prevention Follow-up

Remarkable Findings/Other: