New Jersey Department of Health

CHILD HEALTH CONFERENCE – HEALTH ASSESSMENT

Childhood: 10-12 Years

Date:

Child’s Name

Date of Birth

Allergies

Illnesses/Injuries/Problems/Concerns

Current Medications

RN: APN/PA/MD/DO:

SUBJECTIVE

YN

☐ ☐ My child eats breakfast every day

☐ ☐ My child is doing well in school

☐ ☐ My child has one or more close friends

☐ ☐ My child seems rested when he/she awakens

☐ ☐ My child handles stress, anger and frustration appropriately

☐ ☐ My child gets some physical activity every day

Diet:

☐ Vitamin Supplements ☐ Menarche

☐ Fluoride Supplements ☐ Hgb/Hct

☐ TB Test (if high risk factor present)

☐ Dental Referral

☐ Cholesterol Screening (high risk children)

☐ Review Immunization Record; update age-appropriately

Review of Family History

SUBJECTIVE

☐ Review of Systems

OBJECTIVE: PHYSICAL

☐ General Appearance

☐ Skin

☐ Head

☐ Cardiovascular/Pulses

☐ Eyes

☐ Abdomen

☐ Ears

☐ Genitalia

☐ Nose

☐ Spine

☐ Oropharynx/Teeth

☐ Extremities

☐ Dental Structure/Tongue

☐ Neurological

☐ Mental Health

ASSESSMENT (Problem List)

HEALTH EDUCATION/ANTICIPATORY GUIDANCE:

(CHECK ALL COMPLETED)

☐ Nutrition

☐ Oral Health Care

☐ Development

☐ Parenting Issues

☐ Regular Physical Activities

☐ Child Care Issues

☐ Seat Belt

☐ Adequate Sleep

☐ Safety

☐ Helmets

☐ Passive Smoke

☐ School Issues

☐ Injury Prevention

☐ Firearm Safety

☐ Menarche

☐ Drug, Alcohol

☐ Sexual Behavior

☐ Limit TV

☐ Puberty

☐ Acne

OBJECTIVE: SCREENING

WEIGHT KG/LB

PERCENTILE:

HEIGHT CM/IN

PERCENTILE:

BLOOD PRESSURE

☐ Lungs

☐ Chest

☐ Cardiovascular/Pulses

☐ Abdomen

☐ Genitalia

☐ Spine

☐ Extremities

☐ Neurological

☐ Mental Health

PLAN

REFERRALS

☐ Hearing

☐ Vision

☐ Development

☐ Behavior

☐ Social/Emotional

APN/PA/MD/DO SIGNATURE:

REFERRALS:

RN ASSESSMENT: RN PLAN:

RN SIGNATURE:

NEXT VISIT: 13-15 YEARS OF AGE

IMMUNIZATIONS: ☐ Given ☐ Up to date

CH-2Q / JUL 12 (Adapted from EPSDT form: DHS DMAHS/OQT/NJ HMOs)

Additional notes on reverse side