

Montrose RE-1J Early Childhood Centers

P.O. Box 10,000 Montrose, CO 81402

Phone (970) 249-5858

FAX (970) 249-7537

Physical/Well Child Exam

Child's Name: _____ DOB: _____ Sex: _____
 Parent/Guardian Name: _____ Program: _____

General Statement of Physical Health:

Concerns: _____

Diet: _____

Safety: _____

PMH: _____

Fam Hx: _____

Does anyone in the home smoke cigarettes/cigars? Please specify:
 Father _____ Mother _____
 Other(s) _____

Required by Head Start:

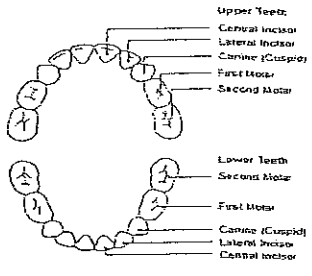
Test	Date	Results	Immunizations	Current	Past Due
Height (%)					
Weight (%) BMI (/ %)					
Blood Pressure					
Cr1/Hemoglobin					
Lead (Medicaid and CHP+)					

Physical Assessment	Normal v/Abn X	Comments
General Appearance		
Posture/Gait		
Head		
Eyes		
Ears		
Nose, Mouth, Pharynx		
Teeth		
Heart		
Lungs		
Abdomen		
Genitalia		
Bones, Muscles, Joints, Skin		
Neurological		
Gross Motor		
Fine Motor		
Muscular Coordination		
Cognitive		
Self Help		
Communication		

Medications:
 At home: _____
 At school: _____

Allergies:
 Food: _____
 Medication: _____
 Environmental: _____

Oral Exam Findings:
 Risks: _____
 White spots: _____
 Signs of decay: _____
 Plaque: _____



Upper Teeth:

- Central Incisor 8-12 Months
- Lateral Incisor 9-13 Months
- Canine (Cuspids) 16-22 Months
- First Molar 13-18 Months
- Second Molar 25-33 Months

Lower Teeth:

- Second Molar 23-31 Months
- First Molar 14-18 Months
- Canine (Cuspids) 16-22 Months
- Central Incisor 8-10 Months

Medical Office Information: (Office stamp if preferred)

 Print Name of Person Filling Out Form: (must be the doctor or authorized office personnel)

 Signature of Person Filling Out Form: _____ Date _____

Assessment:

Treatment Plan/Follow Up:

Application of Fluoride: _____
 Dental screening/education: _____
 Anticipatory guidance: _____
 Safety education: _____

Follow Up: _____