

West River Head Start
WELL CHILD FORM

Last Name	First Name	DOB	Sex	DATE OF EXAM
Previous Health:				
Current Medications:				

Physical Assessment:

Assessments	Normal (yes/no)	Describe problems/abnormal findings:
General		
ENT (note if ear tubes)		
Respiratory		
GI		
Ortho		
Neuro		
Eyes/Vision		
Dental		
Cardiac		
GU		
Skin		
Endocrine		

Lead Level

If a child has not been tested for lead poisoning at 12 and 24 months, Head Start must ensure the child receives a blood test. This is a requirement to attend the WRHS program.

Declined by physician _____ Lead Test (if not done at this visit, document child's previous lead result)
(Initial here) _____ Date: _____ Level: _____

Immunizations: Current / Up-to-date (check one) ☐ Yes ☐ No

Attach updated immunization record if any vaccines were given to bring child up-to-date.

Vital Signs: Record the actual values obtained for this section.	Height:	Weight:	BP:
	P:	R:	T:

Comments/Recommendations:

Any referrals made? ☐ No ☐ Yes If yes, to whom?

Please fill out this form completely so we may comply with federal regulations. Thank you.

Provider Name (printed): _____ Date: _____

Provider Signature: _____ Date: _____

Affiliated Clinic: _____ Tel: _____ Fax: _____

Please return this form to West River Head Start.



West River Head Start
1004 7th Street SW
Mandan, ND 58554
Tel (701) 663-9507

West River Head Start
PO Box 197
Carson, ND 58529
Tel (701) 622-3505

West River Head Start
PO Box 116
New Salem, ND 58563
Tel (701) 843-8061

The fax number for all WRHS locations is 701-663-9643.