

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 (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.