

Child Health History

Department of State Health Services Child Health Record Preventive Health Visit

Client Information

Name: _____
DOB: ____/____/____ Age: ____ Sex: ____
SSN/Record No.: _____
Race/Ethnicity: _____
Informant/Relationship: _____
Medical Home: _____

Pregnancy and Birth

G ____ P ____ AB ____
Total number of living children _____ Weight gain/loss _____
Mother's age at birth _____
Number of years between previous pregnancy and this child _____
Trimester Prenatal Care Began: 1 2 3
Prenatal Care Provider _____
Vitamins: ____Y ____N Iron: ____Y ____N
If child over 5 years: uncomplicated pregnancy, labor, delivery and nursery course: ____Y ____N*
**If yes, proceed with "Child's Medical History."*

Maternal History

____Vaginal bleeding _____Flu-like illness or high temp.
____Anemia _____Kidney or bladder infection
____Hypertension _____STDs
____Rh negative _____Hepatitis (A, B, or C)
____Diabetes _____Exposure to TB
____Premature labor _____Exposure to lead/chemicals
____Injury/hospitalization/surgery _____Dental disease

Parental Habits

____OTC meds _____
____Prescription meds _____
____Tobacco _____
____Alcohol _____
____Street drugs _____
____Caffeine _____

Medical History

Abbreviations for relatives listed below.

M - Mother MGM - Maternal Grandmother PGM - Paternal Grandmother
F - Father MGF - Maternal Grandfather PGF - Paternal Grandfather
S - Sibling MA - Maternal Aunt PA - Paternal Aunt
MU - Maternal Uncle PU - Paternal Uncle

____ Anemia//blood disorder Y N HIV + individual in household
____ Heart disease before age 50 **(do not identify)**
____ Cholesterol req. treatment _____ Other immunosuppression
____ Hypertension/stroke _____ Dental decay
____ Asthma/allergy _____ Alcohol/drug abuse
____ Cancer _____ Tobacco use
____ Diabetes _____ Learning disorder
____ Epilepsy/seizures _____ Mental retardation
____ Kidney problems _____ Psychiatric disorder
____ Muscle/bone disease _____ Physical/sexual/emotional abuse
____ Genetic disease or major birth defects _____ Domestic violence
____ Childhood hearing impairment _____ Other
____ Tuberculosis

Explanation of positive history:

Birth/Delivery

Place of birth _____
Birth attendant _____
Hours of labor _____

____ Term _____ **Complications:**
____ Premature (Weeks) _____ Breech
____ More than 2 weeks overdue _____ Multiple birth
Type of delivery: _____ Other
____ Vaginal
____ C-Section
____ Forceps

Explanation/Other:

Nursery Course

Birth Weight _____ Birth Length _____ FOC _____
____ Difficulty with initial breathing _____ Transfusion
____ Heart murmur _____ Jaundice req. treatment
____ Infection _____ Seizures

Age at discharge: _____ ICN _____ days

Newborn blood screening (date/location):

1. _____
2. _____

Newborn hearing test (in hospital): _____ Normal _____ Abnormal

Type of test: ____ABR-* ____OAE ____Unknown
Referral made: ____Y ____N

Comments:

Child's Medical History

Immunizations current: ____Y ____N ____ Record unavailable
Dental care/sealants current: ____Y ____N

____ Trauma/injuries _____ Vision problems
____ Hospitalizations _____ Hearing problems
____ Surgery _____ Seizures
____ Medications _____ Environmental toxin exposure (lead, etc.)
____ Anemia _____ Allergies
____ Early childhood caries _____ Asthma
____ Hepatitis _____ Eczema
____ Strep throat _____ Substance use (alcohol, drug, tobacco)
____ Ear infections _____ Other
____ Bladder/kidney infections
____ Pneumonia
____ Developmental delays

Explanation:

Denver II

Examiner:
Date:

Name:
Birthdate:
ID No.:

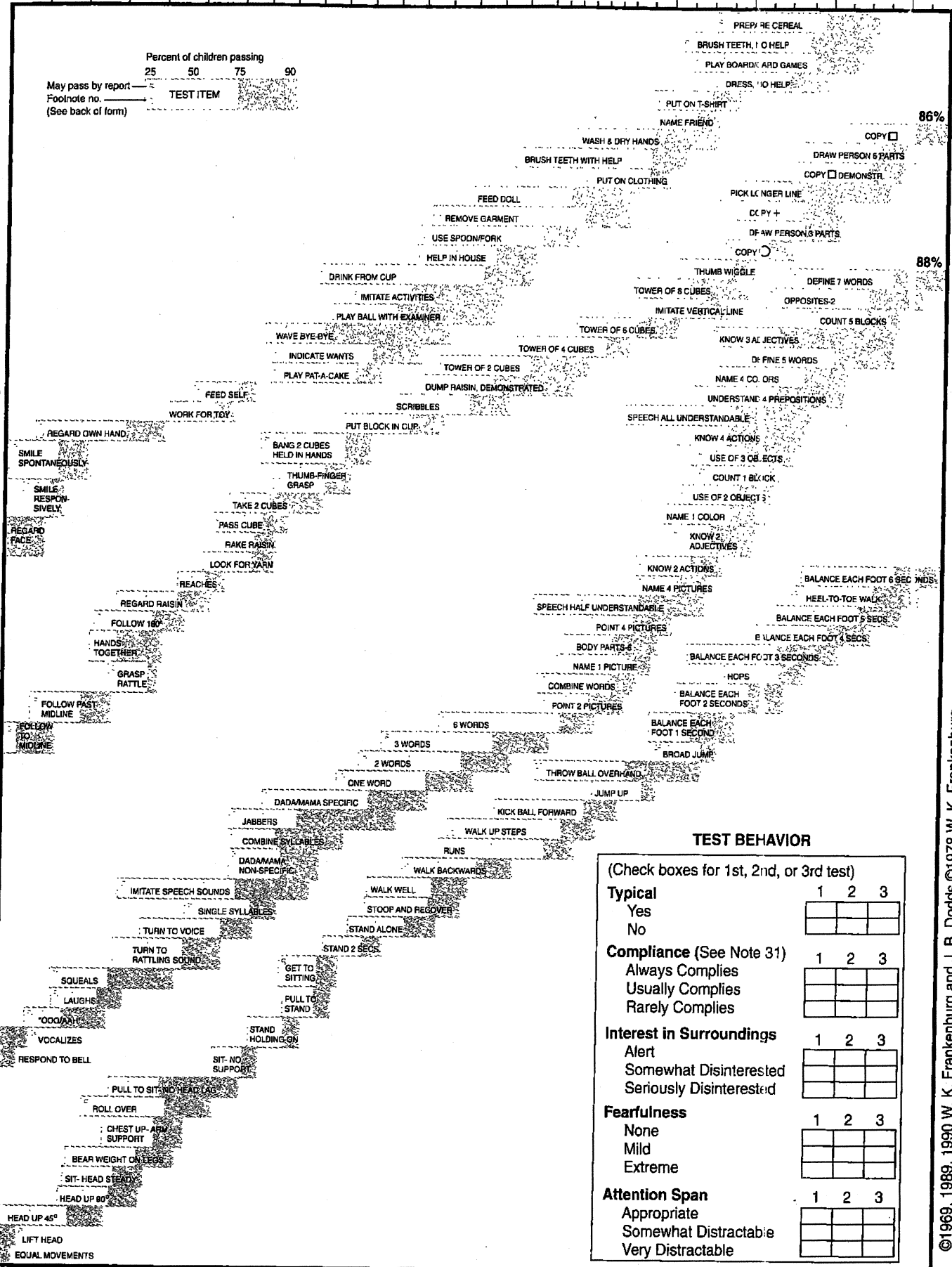
MONTHS 2 4 6 9 12 15 18 24 3 YEARS 4 5 6

Percent of children passing
25 50 75 90

May pass by report _____
Footnote no. _____
(See back of form)

TEST ITEM

PERSONAL - SOCIAL
FINE MOTOR - ADAPTIVE
LANGUAGE
GROSS MOTOR



TEST BEHAVIOR

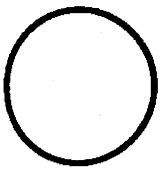
(Check boxes for 1st, 2nd, or 3rd test)

Typical	1	2	3
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance (See Note 31)	1	2	3
Always Complies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usually Complies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rarely Complies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in Surroundings	1	2	3
Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat Disinterested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriously Disinterested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearfulness	1	2	3
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	1	2	3
Appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat Distractable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Distractable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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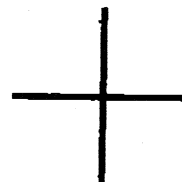
1. Try to get child to smile by smiling, talking or waving. Do not touch him/her.
2. Child must stare at hand several seconds.
3. Parent may help guide toothbrush and put toothpaste on brush.
4. Child does not have to be able to tie shoes or button/zip in the back.
5. Move yarn slowly in an arc from one side to the other, about 8" above child's face.
6. Pass if child grasps rattle when it is touched to the backs or tips of fingers.
7. Pass if child tries to see where yarn went. Yarn should be dropped quickly from sight from tester's hand without arm movement.
8. Child must transfer cube from hand to hand without help of body, mouth, or table.
9. Pass if child picks up raisin with any part of thumb and finger.
10. Line can vary only 30 degrees or less from tester's line. ✓
11. Make a fist with thumb pointing upward and wiggle only the thumb. Pass if child imitates and does not move any fingers other than the thumb.



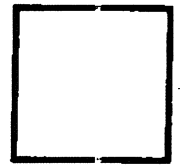
12. Pass any enclosed form. Fail continuous round motions.



13. Which line is longer?
(Not bigger.) Turn paper upside down and repeat.
(pass 3 of 3 or 5 of 6)



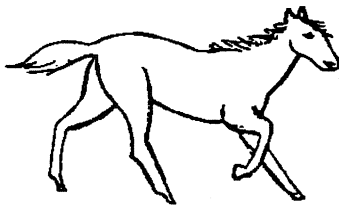
14. Pass any lines crossing near midpoint.




15. Have child copy first. If failed, demonstrate.

When giving items 12, 14, and 15, do not name the forms. Do not demonstrate 12 and 14.

16. When scoring, each pair (2 arms, 2 legs, etc.) counts as one part.
17. Place one cube in cup and shake gently near child's ear, but out of sight. Repeat for other ear.
18. Point to picture and have child name it. (No credit is given for sounds only.)
If less than 4 pictures are named correctly, have child point to picture as each is named by tester.



19. Using doll, tell child: Show me the nose, eyes, ears, mouth, hands, feet, tummy, hair. Pass 6 of 8.
20. Using pictures, ask child: Which one flies?... says meow?... talks?... barks?... gallops? Pass 2 of 5, 4 of 5.
21. Ask child: What do you do when you are cold?... tired?... hungry? Pass 2 of 3, 3 of 3.
22. Ask child: What do you do with a cup? What is a chair used for? What is a pencil used for?
Action words must be included in answers.
23. Pass if child correctly places and says how many blocks are on paper. (1, 5).
24. Tell child: Put block **on** table; **under** table; **in front of** me, **behind** me. Pass 4 of 4.
(Do not help child by pointing, moving head or eyes.)
25. Ask child: What is a ball?... lake?... desk?... house?... banana?... curtain?... fence?... ceiling? Pass if defined in terms of use, shape, what it is made of, or general category (such as banana is fruit, not just yellow). Pass 5 of 8, 7 of 8.
26. Ask child: If a horse is big, a mouse is ___? If fire is hot, ice is ___? If the sun shines during the day, the moon shines during the ___? Pass 2 of 3.
27. Child may use wall or rail only, not person. May not crawl.
28. Child must throw ball overhand 3 feet to within arm's reach of tester.
29. Child must perform standing broad jump over width of test sheet (8 1/2 inches).
30. Tell child to walk forward,  heel within 1 inch of toe. Tester may demonstrate.
Child must walk 4 consecutive steps.
31. In the second year, half of normal children are non-compliant.

OBSERVATIONS: