CONFIDENTIAL MEDICAL RECORD

Agency Stamp

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BUREAU OF DAY CARE
CHILDREN'S MEDICAL RECORD

PERIODIC EXAM/FOLLOW-UP RECORD

TO BE FILLED OUT BY DAY CARE STAFF

NAME: (Last) (First) (Middle)

SEX ❑ F ❑ M

DATE OF BIRTH: ____/____/____
Birth weight: ____
Place of Birth: ____

ADDRESS: (No.) (Street) (City/Boro) (State) (Zip)

REASON FOR REFERRAL TO MEDICAL FACILITY / PHYSICIAN BY DAY CARE CENTER:

- ❑ Periodic Examination
- ❑ Health Problem (Specify) ____
- ❑ Other (Specify) ____

NAME: Day Care Director/Teacher/Nurse ____ Date of Referral ____/____/____

TEACHER: Report on professional observations; child's progress/experiences in program (OPTIONAL)

Signed: ____

PHYSICIAN'S REPORT TO DAY CARE

PERTINENT MEDICAL HISTORY SINCE LAST EXAMINATION

ALLERGIES: ❑ NONE
❑ FOOD ____
❑ MEDICINE ____
❑ OTHER ____

DEVELOPMENTAL OBSERVATION *Check "Yes" or "No" for appropriate ages. If more than 2 "No's" or any boxed item is marked in child's age category, indicate follow-up or action taken in the Section 'Diagnoses/Plan' in back of form.*

BY 6 MONTHS (Y N)
- ❑ ❑ Imitates vocalizing
- ❑ ❑ Turns to voice
- ❑ ❑ Rolls over
- ❑ ❑ Reaches (each hand)
- ❑ ❑ Cuddles

❑ AVOIDS EYE CONTACT

BY 12 MONTHS (Y N)
- ❑ ❑ Stands alone 2 secs
- ❑ ❑ Bangs two blocks
- ❑ ❑ Says "Mama/Dada" specifically
- ❑ ❑ Responds to "NO"
- ❑ ❑ Plays patty cake or waves "bye-bye"

❑ AVOIDS EYE CONTACT
❑ CONCERN THAT CHILD CAN'T HEAR
❑ TUNES OUT

BY 18 MONTHS (Y N)
- ❑ ❑ Imitates household chores (sweeping)
- ❑ ❑ Says 4 words besides "Mama/Dada"
- ❑ ❑ Points to one body part "show me your nose"
- ❑ ❑ Drinks from a cup
- ❑ ❑ Scribbles

❑ AVOIDS EYE CONTACT
❑ TOE WALKING

BY 2 YEARS (Y N)
- ❑ ❑ Kicks ball forward
- ❑ ❑ Combines 2 words
- ❑ ❑ Strangers understand half child's speech
- ❑ ❑ Points to 6 named body parts (nose, eyes...)
- ❑ ❑ Names 1 animal picture
- ❑ ❑ Takes off clothing (other than hat)

PERSISTENT
❑ ROCKING
❑ HEADBANGING
❑ HANDFLAPPING

BY 3 YEARS (Y N)
- ❑ ❑ Can hold 2-3 sentence conversation
- ❑ ❑ Names 4 animal pictures
- ❑ ❑ Knows 2 animal actions: which flies, meows etc.
- ❑ ❑ Understands what to do when tired, cold or hungry (1 out of 3)
- ❑ ❑ Imitates a vertical line
- ❑ ❑ Washes and dries hands

❑ ECHOLALIA (repeating what was just said)

BY 4 YEARS (Y N)
- ❑ ❑ Knows first and last names
- ❑ ❑ Understands what to do when tired, cold or hungry (2 out of 3)
- ❑ ❑ Plays interactive games (like tag)
- ❑ ❑ Walks up stairs not holding on
- ❑ ❑ Toilet trained/night

BY 5 YEARS (Y N)
- ❑ ❑ Throws a ball overhand
- ❑ ❑ Draws a three-part person
- ❑ ❑ Copies a cross
- ❑ ❑ Names four colors
- ❑ ❑ Dresses without

PHYSICAL EXAMINATION *(Please fill out completely)*

Height ____ in ____(% 'ile)

Head Circumference (up to 24 mos) ____ in ____(% 'ile)

Weight ____ lbs ____(% 'ile)

Blood Pressure (after 3 years of age) ____/____

Physical examination: ❑ Normal

❑ Abnormal, specify: ____