### **PROGRESS RECORD AGE 3 – 5 DAYS**

| Name:   | DOS:                                     | Birthdate: | Record/ID #   |
|---|--|------------|---|
| SUBJECTIVE:   | OBJECTIVE:                               | COMMENTS   | ANTICIPATORY GUIDANCE /<br>PREVENTIVE HEALTH  |
| BIRTH HISTORY   | TEMPPULSE                                |            | LABORATORY:   |
| BIRTH WT  | Ht(                                      | <u>_%)</u> | HEREDITARY / METABOLIC<br>SCREEN IF NOT DONE IN   |
| COMPLICATIONS DURING PREGNANCY (Substance use, Pre-eclampsia) | Wt(                                      |            | HOSPITAL:<br>• HEMOGLOBINOPATHY<br>• THALESSEMIA  |
| LENGTH OF GESTATION   | HC(                                      | <u>%)</u>  | PKU     THYROID   |
| VAGINAL OR C-SECTION DELIVERY                                 | NORMAL = N                               |            | GALACTOSEMIA  |
| ANESTHESIA  | $ABNORMAL = \mathbf{X}$ $NOT EXAMINED =$ |            | OTHER STATE     REQUIREMENTS     SICKLE CELL DISEASE  |
| APGAR SCORES  | GENERAL APPEARANCE                       |            | <ul> <li>SICKLE CELL DISEASE</li> <li>CONGENITAL<br/>HYPOTHYROIDISM</li> </ul>  |
| AGE AT DISCHARGE  | SKIN                                     |            | IMMUNIZATIONS:  |
| DISCHARGE WT  | HEAD                                     |            | HEPATITIS B – 1 <sup>ST</sup> DOSE IF NOT<br>GIVEN IN HOSPITAL  |
| FEEDING HISTORY   | EYES                                     |            | EDUCATION:  |
| BREAST FEEDING  | RED REFLEX                               |            | DIET/NUTRITION:<br>• BREAST CARE  |
| BOTTLE FEEDING<br>FORMULA:                                    | ENT                                      |            | <ul> <li>FEEDINGS</li> <li>FLUORIDE</li> </ul>  |
| FREQUENCY   | CLAVICLES                                |            | <ul><li>VITAMINS-IRON</li><li>SUPPLEMENTS</li></ul>   |
| DAYTIME   | - THORAX                                 |            | BEHAVIOR:   |
| NIGHTTIME   | - LUNGS                                  |            | <ul><li>SLEEPING</li><li>COUGHS/SNEEZING</li></ul>  |
| AMOUNT PER FEEDING  | HEART                                    |            | CONSTIPATION     NASAL CONGESTION   |
| DURATION OF<br>FEEDING TIME                                   | FEMORAL PULSES                           |            | CRYING  |
| WET DIAPER  | ABDOMEN                                  |            | SAFETY/INJURY PREVENTION:<br>• CAR SEAT(REAR-<br>EACING)  |
| APPROXIMATE NUMBER PER 24 HOURS                               | UMBLICAL CORD                            |            | FACING) • FALL PREVENTION CARECULERS  |
|   | EXTERNAL GENITALIA                       |            | CAREGIVERS     WATER TEMPERATURE     CONTROL  |
| STOOLS  | EXTREMITIES                              |            | CO-SLEEPING     SECOND HAND SMOKE   |
| APPROXIMATE NUMBER PER 24 HOURS                               | HIPS                                     |            | <ul> <li>FIREARM SAFETY</li> <li>INFANT CPR</li> <li>SUN EXPOSURE</li> <li>GUIDANCE:</li> <li>CORD CARE</li> <li>CIRCUMCISION CARE</li> </ul> |
| CONSISTENCY   | NEUROLOGIC                               |            |   |
|   | HEARING                                  |            |   |
|   |  |            | <ul><li>SIBLINGS</li><li>SLEEP POSITION SIDS</li></ul>  |
|   |  |            | <ul><li>THERMOMETER USE</li><li>SIGNS OF ILLNESS</li></ul>  |
|   |  |            | PARENTAL WELL BEING<br>• FATIGUE  |
|   |  |            | POST-PARTUM     DEPRESSION  |
| ASSESSMENT:   |  |            | 1   |
| DI ANI.   |  |            |   |
| PLAN:   |  |            |   |

### PROGRESS RECORD AGE 1 MONTH

| Name:                | DOS:  | Birthdate: | Record/ID #  |
|----------------------|---|------------|--|
| SUBJECTIVE:          | OBJECTIVE:  | COMMENTS   | ANTICIPATORY GUIDANCE /<br>PREVENTIVE HEALTH   |
| INTERVAL HISTORY     | TEMPPULSE   |            | IMMUNIZATIONS:HEPATITIS B $1^{ST}$ DOSE IF NOT   |
| PARENTAL CONCERNS:   | Ht(   |            | GIVEN IN HOSPITAL  |
|                      | HC(   |            | EDUCATION:<br>DIET/NUTRITION:  |
| DIET:                | NORMAL = N<br>ABNORMAL = $\mathbf{X}$<br>NOT EXAMINED = |            | <ul> <li>BREAST CARE</li> <li>FEEDINGS</li> <li>FLUORIDE</li> <li>VITAMINS-IRON</li> <li>SUPPLEMENT</li> </ul> |
| ILLNESSES:           | GENERAL APPEARANCE                                      |            | BEHAVIOR:<br>• SLEEPING  |
|                      | SKIN  |            | <ul> <li>SLEEPING</li> <li>COUGHS/SNEEZING</li> <li>CONSTIPATION</li> </ul>                                    |
|                      | HEAD  |            | <ul><li>NASAL CONGESTION</li><li>CRYING</li></ul>  |
|                      | EYES<br>RED REFLEX                                      |            | SAFETY/INJURY PREVENTION:<br>CAR SEAT (REAR-   |
|                      | FONTANELS   |            | FACING)<br>SAFE HANDLING   |
|                      | NECK  |            | CRIB/PLAYPEN     SAFETY     EALL DREVENTION  |
|                      | ENT   |            | <ul> <li>FALL PREVENTION</li> <li>CAREGIVERS</li> <li>WATER</li> </ul>   |
|                      | CHEST   |            | TEMPERATURE<br>CO-SLEEPING   |
|                      | LUNGS   |            | <ul> <li>PETS</li> <li>SECOND HAND SMOKE</li> <li>FIREARM SAFETY</li> </ul>                                    |
| GROWTH & DEVELOPMENT | HEART   |            | <ul> <li>INFANT CPR</li> </ul>   |
| REGARDS VISUALLY     | FEMORAL PULSES  |            | GUIDANCE:<br>CORD CARE<br>CIRCUMCISION CARE  |
|                      | ABDOMEN   |            | <ul> <li>SIBLINGS</li> <li>SLEEP POSITION/ SIDS</li> </ul>   |
| EQUAL MOVEMENTS      | BACK  |            | <ul> <li>THERMOMETER USE</li> <li>IMMUNIZATION</li> </ul>  |
| RESPONDS TO SOUND    | EXTERNAL GENITALIA<br>EXTREMITIES                       |            | SCHEDULE SIGNS OF ILLNESS  |
|                      | HIPS  |            | PARENTAL WELL BEING<br>FATIGUE   |
| LIFTS HEAD BRIEFLY   | NEUROLOGIC  |            | <ul> <li>POST-PARTUM<br/>DEPRESSION</li> <li>POST PARTUM APPT</li> </ul>                                       |
| ASSESSMENT:          |   |            |  |
| PLAN:                |   |            |  |
| NEXT APPOINTMENT:    | SIGNATURE   |            | DATE:  |

### **PROGRESS RECORD AGE 2 MONTHS**

| Name:                                  | DOS:   | Birthdate: | Record/ID #   |
|--|--|------------|---|
| SUBJECTIVE:                            | OBJECTIVE:   | COMMENTS   | ANTICIPATORY GUIDANCE /<br>PREVENTIVE HEALTH  |
| INTERVAL HISTORY<br>PARENTAL CONCERNS: | TEMPPULSE<br>Ht(   | <u>%)</u>  | IMMUNIZATIONS:<br>DTaP (Pentacel)#1<br>IPV (Pentacel)#1<br>HIB (Pentacel)#1<br>PCV (Prevnar 13) #1<br>HEP B #2<br>ROTATEQ #1  |
| DIET:                                  | NORMAL = N<br>ABNORMAL = X<br>NOT EXAMINED =<br>GENERAL APPEARANCE                                   |            | EDUCATION:<br>DIET/NUTRITION:<br>FEEDING ROUTINE<br>FLUORIDE<br>VITAMINS-IRON<br>SUPPLEMENTS/<br>SOLIDS   |
| ILLNESSES:                             | SKIN<br>HEAD<br>EYES<br>RED REFLEX<br>ENT<br>CLAVICLES<br>THORAX<br>LUNGS<br>HEART<br>FEMORAL PULSES |            | BEHAVIOR:<br>COUGHS<br>SNEEZING<br>CONSTIPATION<br>NASAL CONGESTION<br>CRYING<br>SAFETY/INJURY PREVENTION:<br>CAR SEAT (REAR-<br>FACING)<br>CRIB/PLAYPEN<br>SAFETY<br>CAREGIVERS<br>WATER<br>TEMPERATURE<br>CO-SLEEPING<br>SECOND HAND<br>SMOKE<br>FIREARM SAFETY<br>INFANT CPR |
| GROWTH & DEVELOPMENT                   | ABDOMEN<br>UMBLICAL CORD   |            | GUIDANCE:<br>• SIBLINGS<br>• IMMUNIZATIONS  |
| PRONE<br>SMILES                        | EXTERNAL GENITALIA<br>EXTREMITIES  |            | SCHEDULE &     REACTIONS     FEVER     ACETAMINOPHEN  |
| LIFTS HEAD 45°                         | HIPS   |            | <ul><li>STIMULATION</li><li>SLEEP POSITION</li></ul>  |
| FOLLOWS FACES                          | NEUROLOGIC   | +          | <ul> <li>ORAL HEALTH</li> <li>SIGNS OF ILLNESS</li> <li>PARENTAL WELL BEING</li> </ul>  |
| VOCALIZES                              | DEVELOPMENT SURVEILLANCE   |            | <ul><li>FATIGUE</li><li>POST-PARTUM</li></ul>   |
| KICKS                                  | PSYCHOLOGICAL/BEHAVIORAL<br>ASSESSMENT   |            | DEPRESSION<br>• RETURNING TO<br>WORK  |
| ASSESSMENT:                            |  |            |   |
| PLAN:<br>NEXT APPOINTMENT:             | SIGNATURE  | I          | DATE:   |

### **PROGRESS RECORD AGE 4 MONTHS**

| ame:                      | DOS:   | Birthdate | e:       | Record/ID #   |
|---------------------------|--|-----------|----------|---|
| SUBJECTIVE:               | OBJECTIVE:                                     |           | COMMENTS | ANTICIPATORY GUIDANCI<br>PREVENTIVE HEALTH  |
| INTERVAL HISTORY          | TEMPPULSE                                      |           |          | IMMUNIZATIONS:  |
| PARENTAL CONCERNS:        | Ht(  |           |          | <ul> <li>DTaP (Pentacel)#2</li> <li>IPV (Pentacel)#2</li> <li>HIB (Pentacel)#2</li> </ul> |
|                           | нс(  |           |          | <ul><li>PCV (Pentacel)#2</li><li>ROTATEQ #2</li></ul>                                     |
| DIET:                     |  |           |          | EDUCATION:<br>DIET/NUTRITION:<br>SOLIDS   |
|                           | NORMAL = N<br>ABNORMAL = X<br>NOT EXAMINED = — |           |          | <ul> <li>BOTTLES AT<br/>BEDTIME</li> </ul>  |
| ILLNESSES:                | GENERAL APPEARANCE                             |           |          | BEHAVIOR:<br>REACHING FOR<br>OBJECTS  |
|                           |  |           |          | <ul><li>ROLLS OVER</li><li>SLEEPING PATTER</li></ul>                                      |
|                           | HEAD   |           |          | SAFETY/INJURY PREVENTIO   |
|                           | EYES   |           |          | CAR SEAT (REAR-<br>FACING)     CDID (DLANDEN)   |
|                           | RED REFLEX                                     |           |          | CRIB/PLAYPEN     SAFETY     FALL PREVENTIO  |
|                           | ENT  |           |          | <ul> <li>FALL PREVENTIO</li> <li>SAFE PLACES TO<br/>LEAVE CHILD</li> </ul>                |
|                           | CLAVICLES                                      |           |          | <ul> <li>CAREGIVERS</li> <li>CHOKING HAZAR</li> </ul>                                     |
|                           | THORAX   |           |          | <ul> <li>WATER<br/>TEMPERATURE</li> </ul>   |
|                           | LUNGS  |           |          | <ul><li>CO-SLEEPING</li><li>AVOID WALKERS</li></ul>                                       |
|                           | HEART  |           |          | <ul> <li>SECOND HAND<br/>SMOKE</li> </ul>   |
|                           | FEMORAL PULSES                                 |           |          | <ul><li>FIREARM SAFETY</li><li>INFANT CPR</li></ul>                                       |
| GROWTH & DEVELOPMENT      | ABDOMEN  |           |          | GUIDANCE:   |
|                           | UMBLICAL CORD                                  |           |          | <ul><li>URI</li><li>TEETHING</li><li>DROOLING</li></ul>                                   |
| SLEEPS THROUGH NIGHT      | EXTERNAL GENITALIA                             |           |          | <ul> <li>PACIFIER</li> <li>DIARRHEA</li> </ul>  |
| EYES FOLLOW 180°          | EXTREMITIES                                    |           |          | <ul><li>VOMITING</li><li>STIMULATION</li></ul>  |
| HEAD STEADY WHILE SITTING | HIPS   |           |          | <ul> <li>IMMUNIZATION<br/>SCHEDULE AND</li> </ul>   |
| GRASPS RATTLE             | NEUROLOGIC                                     |           |          | REACTION <ul> <li>SLEEP POSITION/S</li> </ul>   |
|                           | DEVELOPMENT SURVEILLANC                        | Ъ.        |          | PARENTAL WELL BEING FATIGUE   |
| SQUEALS/VOCALIZES         | PSYCHOLOGICAL/BEHAVIORA<br>ASSESSMENT          | L         |          | POST-PARTUM     DEPRESSION     DETUDNING TO   |
| ROLLS ONE WAY             |  |           |          | <ul> <li>RETURNING TO<br/>WORK</li> </ul>   |
| ASSESSMENT:               | 1  |           |          |   |
| PLAN:                     |  |           |          |   |

### **PROGRESS RECORD AGE 6 MONTHS**

| SUBJECTIVE:     OBJECTIVE:       INTERVALHISTORY     TEMPPULSE  | Name:                | DOS: Birth                            | date:                | Record/ID #   |
|---|----------------------|---------------------------------------|----------------------|---|
| DIET: NORMAL = X<br>ADNORMAL = S<br>ADNORMAL = S<br>A | INTERVAL HISTORY     | TEMPPULSE         Ht(%)         Wt(%) |                      | IMMUNIZATIONS:<br>HEPATITIS B#3<br>DTaP (Pentacel)#3<br>HIB(Pentacel)#3<br>IPV (Pentacel)#3<br>PCV(Pentacel)#3<br>INFLUENZA<br>COVID-19 |
| ILLNESSES:     SKIN     MEANS       SKIN     SKIN     SKIN       HEAD     ORAL FLOURDE IS<br>DEFICIENT     ORAL FLOURDE IS<br>DEFICIENT       PONTANELS     FONTANELS       EYES     SKIN       ENT     NECK       ENT     SAFETY INJURY       PREVENTION     SAFETY       GATESLATCHES     SAFETY       ABDOMEN     OUTLITS COVERS       ABDOMEN     OUTLITS COVERS       PULL TO SIT – NO HEAD LAG     EXTREMITES       PULL TO SIT – NO HEAD LAG     EXTREMITES       DEVELOPMENT     BACK     SINUERS SPONTANEOUSLY       PSYCHOLOGICAL/BEHAVIORAL     ASSESSMENT       REACHES FOR OBJECTS     PSYCHOLOGICAL/BEHAVIORAL       ASSESSMENT:     PSYCHOLOGICAL/BEHAVIORAL       ASSESSMENT:     DEVELOPMENT WELL BEING   | DIET:                | ABNORMAL = X<br>NOT EXAMINED = -      |                      | EDUCATION:<br>DIET/NUTRITION:<br>USE OF CUP   |
| EYESBEHAVIOR:EENT   | ILLNESSES:           | SKIN<br>HEAD                          | _                    | <ul> <li>BOTTLES IN BED</li> <li>ORAL FLOURIDE IF<br/>WATER SOURCE IS<br/>DEFICIENT</li> <li>NO HONEY</li> <li>FOODS WITH</li> </ul>    |
| GROWTH & DEVELOPMENT     EXTREMITIES     - <td></td> <td>EENT</td> <td></td> <td>BEHAVIOR:<br/>• STRANGER<br/>ANXIETY</td>  |                      | EENT                                  |                      | BEHAVIOR:<br>• STRANGER<br>ANXIETY  |
| HEART       MATTRESS         HEART       SAFETY         FEMORAL PULSES       OUTLETS COVERS         ABDOMEN       EXTERNAL GENITALIA         EXTERNAL GENITALIA       SKOKE         PULL TO SIT - NO HEAD LAG       EXTREMITIES         VOCALIZING       EXTREMITIES         BEARS SOME WEIGHT ON LEGS       NEUROLOGIC         SMILES SPONTANEOUSLY       PSYCHOLOGICAL/BEHAVIORAL         REACHES FOR OBJECTS       PSYCHOLOGICAL/BEHAVIORAL         ASSESSMENT:       SLEEP POSITION         PARENTAL WELL BEING       DEVRELOPMENT WELL BEING   |                      | CHEST                                 |                      | PREVENTION:<br>CARSEAT (REAR-   |
| GROWTH & DEVELOPMENT       OUTLETS COVERS         GROWTH & DEVELOPMENT       EXTERNAL GENITALIA         BACK       SECOND HAND<br>SMOKE         PULL TO SIT – NO HEAD LAG       EXTREMITIES         VOCALIZING       EXTREMITIES         BEARS SOME WEIGHT ON LEGS       NEUROLOGIC         SMILES SPONTANEOUSLY       PSYCHOLOGICAL/BEHAVIORAL<br>ASSESSMENT         REACHES FOR OBJECTS       PSYCHOLOGICAL/BEHAVIORAL<br>ASSESSMENT:   |                      |                                       |                      | <ul> <li>LOWER CRIB<br/>MATTRESS</li> <li>SAFETY</li> </ul>   |
| GROWTH & DEVELOPMENTEXTERNAL GENITALIASMOKEBACKFIREARM SAFETYPULL TO SIT - NO HEAD LAGEXTREMITIESVOCALIZINGHIPSBEARS SOME WEIGHT ON LEGSNEUROLOGICBEARS SPONTANEOUSLYPSYCHOLOGICAL/BEHAVIORAL<br>ASSESSMENTGUIDANCE:<br>PSYCHOLOGICAL/BEHAVIORAL<br>SSESSMENTREACHES FOR OBJECTSPSYCHOLOGICAL/BEHAVIORAL<br>ASSESSMENTASSESSMENT:SLEEP POSITION<br>PARENTAL WELL BEING<br>POST-PARTUM<br>DEPRESSION   |                      |                                       | _                    | OUTLETS COVERS <ul> <li>POISON CONTROL</li> <li>AVOID WALKERS</li> </ul>  |
| PULL TO SIT - NO HEAD LAGEXTREMITIESCHOKINGVOCALIZINGHIPS· LEAD EXPOSUREBEARS SOME WEIGHT ON LEGSNEUROLOGICGUIDANCE:SMILES SPONTANEOUSLYDEVELOPMENT SURVEILLANCE· TEETHING/ORAL<br>HEALTHREACHES FOR OBJECTSPSYCHOLOGICAL/BEHAVIORAL<br>ASSESSMENT· SLEEP POSITION<br>PARENTAL WELL BEING<br>· POST-PARTUM<br>DEPRESSIONASSESSMENT:- SUR SURVEILLANCE· SUR SUN EXPOSURE   | GROWTH & DEVELOPMENT |                                       | _                    | SMOKE<br>FIREARM SAFETY<br>EMERGENCY  |
| BEARS SOME WEIGHT ON LEGSNEUROLOGICGUIDANCE:<br>• TEETHING/ORAL<br>HEALTH<br>• DEVELOPMENT SURVEILLANCESMILES SPONTANEOUSLYPSYCHOLOGICAL/BEHAVIORAL<br>ASSESSMENT• DROOLING<br>• IMMUNIZATION<br>SCHEDULE -<br>REACTIONS<br>• SLEEP POSITION<br>PARENTAL WELL BEING<br>• POST-PARTUM<br>DEPRESSIONASSESSMENT:   |                      |                                       | CHOKING<br>SUN EXPOS | CHOKING<br>SUN EXPOSURE   |
| SMILES SPONTANEOUSLY       Development surveillance       • DROOLING         PSYCHOLOGICAL/BEHAVIORAL       ASSESSMENT       • DROOLING         REACHES FOR OBJECTS       PSYCHOLOGICAL/BEHAVIORAL       SCHEDULE -         REACHES FOR OBJECTS       • SLEEP POSITION         PARENTAL WELL BEING       • POST-PARTUM         DEPRESSION       DEPRESSION  |                      | NEUROLOGIC                            |                      | <ul> <li>TEETHING/ORAL<br/>HEALTH</li> <li>DROOLING</li> <li>IMMUNIZATION</li> </ul>  |
| REACHES FOR OBJECTS ASSESSMENT ASSESSMENT REACTIONS REACTIONS SLEEP POSITION PARENTAL WELL BEING POST-PARTUM DEPRESSION   | SMILES SPONTANEOUSLY | PSYCHOLOGICAL/BEHAVIORAL              | _                    |   |
| ASSESSMENT:   | REACHES FOR OBJECTS  | ASSESSMENT                            |                      | REACTIONS<br>SLEEP POSITION<br>PARENTAL WELL BEING<br>POST-PARTUM   |
|   |                      |                                       |                      |   |

### PROGRESS RECORD AGE 9 MONTHS

| Name:                                  | DOS: Bir   | thdate:          | Record/ID #   |
|--|--|------------------|---|
| SUBJECTIVE:                            | OBJECTIVE:   | COMMENTS         | ANTICIPATORY GUIDANCE /<br>PREVENTIVE HEALTH  |
| INTERVAL HISTORY<br>PARENTAL CONCERNS: | TEMPPULSE         Ht(  | <u>%)</u><br>_%) | LABORATORY:<br>LEAD SCREENING<br>9 MO. OR OLDER *<br>HGB/HCT 9-12 MO*<br>* WHEN INDICATED<br>IMMUNIZATIONS:                                   |
| DIET:                                  | NORMAL = N<br>ABNORMAL = X<br>NOT EXAMINED = -<br>GENERAL APPEARANCE<br>SKIN |                  | INFLUENZA -<br>ANNUALLY  EDUCATION: DIET/NUTRITION:     SPOON     CUP     NORMAL DROP IN<br>APPETITE  |
| ACCIDENTS:                             | HEAD<br>TEETH<br>EENT  |                  | <ul> <li>TABLE FOOD</li> <li>WEANING</li> <li>WHOLE MILK</li> <li>BEHAVIOR:</li> <li>FEAR OF</li> <li>STRANGERS</li> <li>INCREASED</li> </ul> |
|  | NECK<br>CHEST<br>LUNGS   |                  | ACTIVITY<br>NEGATIVISM<br>INDEPENDENCE<br>SAFETY/INJURY<br>PREVENTION:  |
| GROWTH & DEVELOPMENT                   | HEART<br>ABDOMEN<br>EXTERNAL GENITALIA                                       |                  | <ul> <li>STAIRS</li> <li>HEATERS/FANS</li> <li>PLANTS</li> <li>ELECTRICAL<br/>OUTLETS</li> <li>CLIMBING</li> </ul>                            |
| TRANSFERS OBJECTS                      | BACK<br>EXTREMITIES  |                  | <ul> <li>WINDOW LOCKS<br/>SAFETY<br/>GATES/LATCHES</li> <li>SECOND HAND<br/>SMOKE</li> </ul>  |
| SITS STEADILY                          | HIPS   |                  | <ul><li>FIREARM SAFETY</li><li>SUN SCREEN</li></ul>   |
| "MA-MA" "DA-DA"                        | NEUROLOGIC   |                  | <ul> <li>WATER<br/>SAFETY/TOUCH<br/>SUPERVISION</li> </ul>  |
| PEEK-A-BOO                             | DEVELOPMENTAL SCREENING  |                  | LEAD EXPOSURE GUIDANCE:   |
| STANDS HOLDING ON                      | PSYCHOLOGICAL/BEHAVIORAL<br>ASSESSMENT                                       |                  | <ul> <li>ESTABLISHING<br/>LIMITS</li> </ul>   |
| IMITATES SPEECH SOUNDS                 |  |                  | <ul> <li>STIMULATION</li> <li>IMMUNIZATION<br/>SCHEDULE/</li> </ul>   |
| RESISTS TOY PULL                       |  |                  | REACTIONS<br>• ORAL HEALTH  |
| ASSESSMENT:                            | 1  |                  |   |
| PLAN:                                  |  |                  |   |
| NEXT APPOINTMENT:                      | SIGNATURE  | E                | ATE:  |

# **PROGRESS RECORD AGE 12 MONTHS**

| Name:  | DOS: <b>H</b>  | Sirthdate: | Record/ID #   |
|--|--|------------|---|
| SUBJECTIVE:  | OBJECTIVE:   | COMMEN     | TS ANTICIPATORY GUIDANCE<br>PREVENTIVE HEALTH   |
| INTERVAL HISTORY<br>PARENTAL CONCERNS:             | TEMPPULSE<br>Ht(   | <u>%)</u>  | Image: Preventive health         LABORATORY:         LEAD SCREENING         9 MO. OR OLDER*         HGB/HCT 9-12 MO*                      |
| DIET/NUTRITION:                                    | $HC\_\($ $HC\_\($ $NORMAL = N$ $ABNORMAL = X$ $NOT EXAMINED = -$ |            | TB TEST *     *WHEN INDICATED     IMMUNIZATIONS:         HIB         MMR         VARICELLA         PCV (Prevnar 13)#4         INFLUENZA - |
| ILLNESSES:   | GENERAL APPEARANCE<br>SKIN<br>HEAD                               |            | ANNUALLY<br>HEPATITIS A #1<br>HEPATITIS B<br>IPV<br>EDUCATION:<br>DIET/NUTRITION:   |
| ACCIDENTS:   | TEETH<br>EENT<br>NECK  |            | <ul> <li>TABLE FOODS</li> <li>WHOLE MILK</li> <li>BABY BOTTLE<br/>SYNDROME</li> <li>BEHAVIOR:</li> <li>PLAYS SIMPLE<br/>GAMES</li> </ul>  |
| GROWTH & DEVELOPMENT                               | CHEST  |            | WALKING     EXPLORING     SAFETY/INJURY     PREVENTION:     CAR SEAT  |
| PULLS TO STAND                                     | HEART  |            | <ul><li>POISON CONTROL</li><li>CHOKING HAZARDS</li></ul>  |
| CRUISES  | ABDOMEN<br>EXTERNAL GENITALIA                                    |            | <ul> <li>KITCHEN SAFETY</li> <li>GATES &amp; LATCHES</li> <li>CAR SEAT</li> </ul>   |
| WALKS WITH SUPPORT (MAY<br>TAKE A FEW STEPS ALONE) | BACK   |            | <ul> <li>SECOND HAND<br/>SMOKE</li> <li>FIREARM SAFETY</li> </ul>   |
| 1-3 WORDS OR MEANINGFUL<br>SOUNDS                  | EXTREMITIES<br>HIPS  |            | <ul> <li>SUN SCREEN</li> <li>WATER</li> <li>SAFETY/TOUCH</li> <li>SUPERVISION</li> </ul>  |
| USES "MAMA" AND "DADA"                             | NEUROLOGIC   |            | • HELMET<br>GUIDANCE:   |
| CORRECTLY  | DEVELOPMENT SURVEILLANC  | E          | <ul> <li>SLEEP</li> <li>IMMUNIZATION<br/>SCHEDULE/</li> </ul>   |
| HOLDS CUP TO DRINK                                 | PSYCHOLOGICAL/BEHAVIORA<br>ASSESSMENT                            | L          | REACTIONS<br>CO-SLEEPING  |
| PLAYS PAT-A-CAKE                                   |  |            | <ul> <li>ORAL HEALTH</li> <li>DISCIPLINE</li> <li>LIMIT TV</li> </ul>   |
| ASSESSMENT:  |  |            |   |
| PLAN:  |  |            |   |
| NEXT APPOINTMENT:                                  | SIGNATURE  |            | DATE:   |

### PROGRESS RECORD AGE 15 MONTHS

| Name:   | DOS: Birthda  | ate:     | Record/ID #  |
|---|---|----------|--|
| SUBJECTIVE:<br>INTERVAL HISTORY<br>PARENTAL CONCERNS: | OBJECTIVE:           TEMPPULSE           Ht(%)                                    | COMMENTS | ANTICIPATORY<br>GUIDANCE /<br>PREVENTIVE HEALTH<br>LABORATORY:<br>• LEAD SCREENING<br>9 MONTHS OR<br>0LDER *   |
| DIET/NUTRITION:<br>ILLNESSES:<br>ACCIDENTS:           | HC(%) NORMAL = N ABNORMAL = X NOT EXAMINED = - GENERAL APPEARANCE SKIN HEAD TEETH |          | <ul> <li>TB TEST *</li> <li>TB TEST *</li> <li>WHEN INDICATED</li> <li>DTaP</li> <li>INFLUENZA -<br/>ANNUALLY</li> <li>PCV*</li> <li>MMR*#1</li> <li>VARIVAX*#1</li> <li>HEPATITIS A*</li> <li>HIB*</li> <li>IPV*</li> <li>*IF NOT RECEIVED PRIOR</li> </ul> |
| GROWTH & DEVELOPMENT                                  | EENT<br>NECK<br>CHEST<br>LUNGS  | -        | EDUCATION:<br>DIET/NUTRITION:<br>TABLE FOOD<br>CANDY<br>VITAMINS<br>BOTTLE<br>BEHAVIOR:  |
| INDICATES NEEDS                                       | HEART   | _        | <ul><li>SELF-FEEDING</li><li>SIMPLE GAMES</li></ul>  |
| DRINKS FROM CUP<br>STOOPS & RECOVERS                  | ABDOMEN EXTERNAL GENITALIA  | _        | SAFETY/INJURY<br>PREVENTION:<br>• CHILD PROOF<br>HOME  |
| WALKING   | EXTREMITIES NEUROLOGIC  | -        | <ul> <li>STOVE</li> <li>HOT/COLD</li> <li>MATCHES</li> <li>PURSES</li> <li>FURNITURE</li> </ul>  |
|   | DEVELOPMENT SURVEILLANCE PSYCHOLOGICAL/BEHAVIORAL ASSESSMENT                      | -        | <ul> <li>POISON CONTROL</li> <li>CAR SEAT</li> <li>GUIDANCE:</li> <li>TEMPER<br/>TANTRUMS</li> <li>FAMILY PLAY</li> <li>MASTURBATION</li> <li>ORAL HEALTH</li> <li>IMMUNIZATIONS/<br/>REACTIONS</li> </ul>   |
| ASSESSMENT:   |   |          |  |
| PLAN:   |   |          |  |
| NEXT APPOINTMENT:                                     | SIGNATURE   | D        | DATE:  |

## PROGRESS RECORD AGE 18 MONTHS

| Name:                  | DOS: Birthe                                    | late:    | Record/ID #   |
|------------------------|--|----------|---|
| SUBJECTIVE:            | OBJECTIVE:                                     | COMMENTS | ANTICIPATORY<br>GUIDANCE /  |
| INTERVAL HISTORY       | TEMPPULSE                                      |          | PREVENTIVE HEALTH   |
| PARENTAL CONCERNS:     | Ht(%)  |          | AUTISM SCREENING:   |
|                        | Wt(%)<br>HC(%)                                 |          | LABORATORY:<br>LEAD SCREENING<br>9 MONTHS OR<br>OLDER *                     |
| DIET/NUTRITION:        | NORMAL   | _        | <ul> <li>TB TEST *</li> <li>*WHEN INDICATED</li> </ul>                      |
| PHYSICAL ACTIVITY:     | NORMAL = N<br>ABNORMAL = X<br>NOT EXAMINED = - |          | IMMUNIZATIONS:<br>DTAP*<br>INFLUENZA –                                      |
|                        | GENERAL APPEARANCE                             |          | ANNUALLY  |
|                        | SKIN   |          | <ul> <li>HEPATITIS A*#2</li> <li>HEPATITIS B*</li> <li>IPV*</li> </ul>      |
| ILLNESSES:             | HEAD   |          | *IF NOT RECEIVED PRIOR  |
|                        | ТЕЕТН  |          | EDUCATION:  |
| ACCIDENTS:             | EENT   |          | DIET/NUTRITION:<br>SNACKS   |
|                        | NECK   |          | <ul><li>PICKY EATING</li><li>SOFT DRINKS</li></ul>                          |
| EAMILY CHANCES.        | CHEST  |          | BALANCED DIET BEHAVIOR:   |
| FAMILY CHANGES:        | LUNGS  |          | <ul> <li>PLAYS WITH<br/>TOYS IN THE</li> </ul>                              |
|                        | HEART  |          | BATH  |
|                        | ABDOMEN  |          | SAFETY/INJURY<br>PREVENTION:  |
|                        | EXTERNAL GENITALIA                             |          | <ul> <li>STREET SAFETY</li> <li>REFRIGERATOR</li> <li>ELECTRICAL</li> </ul> |
|                        | EXTREMITIES                                    |          | OUTLETS     FALL  |
|                        | HIPS   |          | PREVENTION<br>• HOT WATER   |
|                        | NEUROLOGIC                                     | -        | <ul> <li>POISON CONTROL</li> </ul>  |
| GROWTH & DEVELOPMENT   | DEVELOPMENTAL SCREENING                        |          | GUIDANCE:<br>LIMIT TV   |
| OKOWIII & DEVELOI MENT | AUTISM SCREENING                               | _        | <ul> <li>READING TO<br/>CHILD</li> <li>NEGATIVISM</li> </ul>                |
| USES SPOON             | PSYCHOLOGICAL/BEHAVIORAL<br>ASSESSMENT         |          | <ul> <li>IMMUNIZATION<br/>SCHEDULE/</li> </ul>                              |
| SCRIBBLES              |  |          | REACTIONS<br>ORAL HEALTH  |
|                        |  |          |   |
| ASSESSMENT:            |  |          |   |
| PLAN:                  |  |          |   |
| NEXT APPOINTMENT:      | SIGNATURE                                      | I        | DATE:   |

## PROGRESS RECORD AGE 24 MONTHS

| Name:                   | DOS: Birth                                    | ndate:   | Record/ID #  |
|-------------------------|---|----------|--|
| SUBJECTIVE:             | OBJECTIVE:                                    | COMMENTS | ANTICIPATORY<br>GUIDANCE /                                   |
| INTERVAL HISTORY        | TEMPPULSE                                     | -        | PREVENTIVE HEALTH  |
| PARENTAL CONCERNS:      | Wt(%  |          | AUTISM SCREENING:  |
|                         | HC  |          | LABORATORY:  |
|                         | BMI   |          | <ul> <li>LEAD SCREENING</li> <li>9 MO. OR OLDER *</li> </ul> |
| DIET/NUTRITION:         |   |          | TB TEST *     CHOLESTEROL*     * WHEN INDICATED              |
|                         | $NORMAL = \mathbf{N}$ $ABNORMAL = \mathbf{X}$ |          | IMMUNIZATIONS:   |
| PHYSICAL ACTIVITY:      | NOT EXAMINED = —                              |          | <ul> <li>INFLUENZA -<br/>ANNUALLY *</li> </ul>               |
|                         | GENERAL APPEARANCE                            |          | * WHEN INDICATED   |
|                         | SKIN  |          | EDUCATION:<br>DIET/NUTRITION:                                |
| ILLNESSES:              | HEAD  |          | <ul> <li>SNACKS</li> <li>SOFT DRINKS</li> </ul>              |
|                         | EYES / AMBLYOPIA                              |          | <ul> <li>BALANCED DIET</li> <li>PICA</li> </ul>              |
|                         | LYMPH NODES                                   |          | BEHAVIOR:  |
| ACCIDENTS:              | NECK  |          | <ul> <li>NIGHT FEARS</li> <li>ROUGH &amp;</li> </ul>         |
|                         | EENT  |          | TUMBLE PLAY<br>TEMPER  |
|                         | CHEST   |          | TANTRUMS<br>PARALLEL PLAY                                    |
|                         | LUNGS   |          | SAFETY/INJURY<br>PREVENTION:                                 |
|                         | HEART   |          | CAR SEAT     STREET SAFETY                                   |
|                         | ABDOMEN                                       |          | <ul> <li>TOYS</li> <li>FALL</li> </ul>                       |
|                         | EXTERNAL GENITALIA                            |          | PREVENTION<br>PICA   |
| GROWTH & DEVELOPMENT    | BACK  |          | <ul> <li>POISON CONTROL</li> </ul>                           |
|                         | EXTREMITIES                                   |          | GUIDANCE:  |
| HELPS WITH SIMPLE TASKS | GAIT  |          | <ul> <li>LIMIT TV</li> <li>SHARING</li> </ul>                |
| COMBINES 2 WORDS        | NEUROLOGIC                                    |          | <ul><li>ORAL HEALTH</li><li>TOILET TRAINING</li></ul>        |
| STACKS 4 BLOCKS         | AUTISM SCREENING                              |          |  |
| RUNS                    | DEVELOPMENT SURVEILLANCE                      |          |  |
| CLIMBS STEPS            | PSYCHOLOGICAL/BEHAVIORAL<br>ASSESSMENT        |          |  |
| ASSESSMENT:             | 1.05E00MERT                                   |          |  |

#### **PROGRESS RECORD AGE 30 MONTHS**

| Name:                   | DOS: Birt  | hdate:    | Record/ID #  |
|-------------------------|--|-----------|--|
| SUBJECTIVE:             | OBJECTIVE:   | COMMENTS  | ANTICIPATORY<br>GUIDANCE /<br>PREVENTIVE HEALTH                |
| INTERVAL HISTORY        | TEMPPULSE           Ht(  | <u>%)</u> | AUTISM SCREENING:  |
| PARENTAL CONCERNS:      | Wt(  |           | LABORATORY:<br>LEAD SCREENING<br>9 MO. OR OLDER *<br>TB TEST * |
| DIET/NUTRITION:         | $NORMAL = \mathbf{N}$ $ABNORMAL = \mathbf{X}$ $NOT EXAMINED =$ |           | CHOLESTEROL*     * WHEN INDICATED  IMMUNIZATIONS:              |
| PHYSICAL ACTIVITY:      | GENERAL APPEARANCE   |           | <ul> <li>INFLUENZA -</li> <li>ANNULAL IN *</li> </ul>          |
|                         | SKIN   |           | ANNUALLY *<br>* WHEN INDICATED                                 |
|                         | HEAD   |           | EDUCATION:   |
| H I NEGGEG.             | EYES / AMBLYOPIA   |           | DIET/NUTRITION:<br>SNACKS                                      |
| ILLNESSES:              | LYMPH NODES  |           | <ul><li>SOFT DRINKS</li><li>BALANCED DIET</li></ul>            |
|                         | NECK   |           | PICA   |
| ACCIDENTS:              | EENT   |           | BEHAVIOR:<br>NIGHT FEARS<br>ROUGH &                            |
|                         | CHEST  |           | TUMBLE PLAY<br>TEMPER  |
|                         | LUNGS  |           | TANTRUMS<br>PARALLEL PLAY                                      |
| GROWTH & DEVELOPMENT    | HEART  |           | SAFETY/INJURY  |
|                         | ABDOMEN  |           | PREVENTION:<br>CAR SEAT  |
| HELPS WITH SIMPLE TASKS | EXTERNAL GENITALIA   |           | <ul> <li>STREETS</li> <li>TOYS</li> <li>FALLS</li> </ul>       |
| COMBINES 2 WORDS        | BACK   |           | <ul><li>PICA</li><li>POISON CONTROL</li></ul>                  |
| STACKS 4 BLOCKS         | EXTREMITIES  |           |  |
| RUNS                    | GAIT   |           | GUIDANCE:<br>LIMIT TV  |
| CLIMBS STEPS            | NEUROLOGIC   |           | <ul><li>SHARING</li><li>ORAL HEALTH</li></ul>                  |
|                         | DEVELOPMENTAL SCREENING  |           | TOILET TRAINING  |
| KICKS BALL FORWARD      | PSYCHOLOGICAL/BEHAVIORAL<br>ASSESSMENT                         |           |  |
| ASSESSMENT:             |  | I         | I  |
| PLAN:                   |  |           |  |
| NEXT APPOINTMENT:       | SIGNATURE  | I         | DATE:  |

#### **PROGRESS RECORD AGE 3-4 YEARS**

| Name:                   | DOS: Birthd  | late:    | Record/ID #  |
|-------------------------|--|----------|--|
| SUBJECTIVE:             | OBJECTIVE:   | COMMENTS | ANTICIPATORY<br>GUIDANCE /   |
| INTERVAL HISTORY        | TEMPPULSE  |          | PREVENTIVE HEALTH  |
| PARENTAL CONCERNS:      | Ht(%)<br>Wt(%)   |          | LABORATORY:<br>• TB TEST*  |
|                         | BP   |          | CHOLESTEROL*     * WHEN INDICATED  |
| DIET/NUTRITION:         | BMI(%)   |          | IMMUNIZATIONS:   |
| PHYSICAL ACTIVITY:      | $NORMAL = \mathbf{N}$ $ABNORMAL = \mathbf{X}$ $NOT EXAMINED = -$ | _        | <ul> <li>DTaP BOOSTER<br/>AGE 4-6 YEARS</li> <li>IPV BOOSTER AGE<br/>4-6 YEARS</li> <li>MMR BOOSTER</li> </ul> |
| ILLNESSES:              | GENERAL APPEARANCE   | _        | AGE 4-6 YEARS<br>INFLUENZA -<br>ANNUALLY   |
|                         | SKIN   |          | <ul> <li>HEPATITIS A*</li> <li>HEPATITIS B*</li> <li>VARICELLA</li> </ul>                                      |
| ACCIDENTS:              | LYMPH NODES  | _        | 4-6 YR<br>*IF NOT RECEIVED PRIOR   |
|                         | NECK   | -        | EDUCATION:   |
|                         | EENT   | _        | DIET/NUTRITION:<br>SWEETS  |
| GROWTH & DEVELOPMENT    | CHEST  | _        | <ul><li>SNACKS</li><li>BALANCED DIET</li></ul>   |
| DRESSES WITH HELP       | LUNGS  | _        | BEHAVIOR:<br>• NIGHT FEARS   |
| KNOWS FIRST & LAST NAME | HEART<br>ABDOMEN   | _        | <ul><li>USE OF "WHY?"</li><li>IMAGINARY PLAY</li></ul>   |
| PLEURALS                |  | _        | SAFETY/INJURY<br>PREVENTION:   |
| COPIES                  | EXTERNAL GENITALIA BACK  | _        | <ul> <li>BOOSTER SEAT</li> <li>STREETS</li> <li>STRANGERS</li> </ul>   |
| PEDALS TRICYCLE         | EXTREMITIES  | _        | POISON CONTROL   |
|                         | NEUROLOGIC   | _        | GUIDANCE:<br>• TOILET TRAINING<br>• PLAYMATES  |
|                         | VISION   | -        | <ul><li>CAREGIVERS</li><li>BODY</li></ul>  |
|                         | HEARING  | -        | AWARENESS<br>DENTAL CARE<br>LIMIT TV   |
|                         | DEVELOPMENT SURVEILLANCE   |          | <ul><li>DRAWING</li><li>BOOKS</li></ul>  |
|                         | PSYCHOLOGICAL/BEHAVIORAL<br>ASSESSMENT                           | _        | IMMUNIZATION     SCHEDULE/     REACTIONS     ORAL HEALTH   |
| ASSESSMENT:             |  |          | ORAL HEALTH  |
| PLAN:                   |  |          |  |
| NEXT APPOINTMENT:       | SIGNATURE  | D        | ATE:   |

### **PROGRESS RECORD AGE 5-8 YEARS**

| Name:                | DOS: Birth   | date:    | Record/ID #  |
|----------------------|--|----------|--|
| SUBJECTIVE:          | OBJECTIVE:   | COMMENTS | ANTICIPATORY<br>GUIDANCE /   |
| INTERVAL HISTORY     | TEMPPULSE  |          | PREVENTIVE HEALTH  |
| PARENTAL CONCERNS:   | Ht( <u>%)</u>  |          | LABORATORY:  |
| DIET/NUTRITION:      | Wt(%)<br>BP  |          | <ul> <li>TB TEST *</li> <li>CHOLESTEROL*</li> <li>* WHEN INDICATED</li> </ul>                |
| DIE I/NUTRITION:     | BMI(%)   | <u>.</u> | IMMUNIZATIONS:   |
| PHYSICAL ACTIVITY:   |  |          | <ul> <li>VARICELLA<br/>BOOSTER 4-6</li> </ul>  |
| DIET:                | NORMAL = N<br>ABNORMAL = X<br>NOT EXAMINED = -<br>GENERAL APPEARANCE |          | YR** #2<br>DTap BOOSTER<br>AGE 4-6 YR #5<br>IPV BOOSTER AGE<br>4-6 YR #4<br>MMR BOOSTER      |
| ILLNESSES:           | SKIN   | _        | AGE 4-6 YR #2<br>INFLUENZA -<br>ANNUALLY *   |
| ACCIDENTS:           | LYMPH NODES  |          | HEPATITIS A**     HEPATITIS B**     WHEN INDICATED   |
|                      | NECK   |          | ** IF NOT RECEIVED PRIOR   |
| FAMILY CHANGES:      | EENT   |          | EDUCATION:   |
|                      | CHEST  |          | DIET/NUTRITION:<br>OBESITY<br>BALANCED   |
| GROWTH & DEVELOPMENT | LUNGS  |          | MEALS<br>• SNACKS  |
|                      | HEART  |          | BEHAVIOR:  |
| SCHOOL PROGRESS      | ABDOMEN  |          | <ul> <li>SEXUALITY</li> <li>INDEPENDENCE</li> <li>NIGHT FEARS</li> </ul>                     |
| HOBBIES/SPORTS       | EXTERNAL GENITALIA   |          | SAFETY/INJURY  |
| PEER GROUP           | TANNER STAGE   |          | PREVENTION:<br>SEAT BELTS  |
| INTERACTION/BULLYING | EXTREMITIES  |          | <ul> <li>HELMETS</li> <li>SPORTS SAFETY</li> </ul>   |
| FAMILY INTERACTION   | NEUROLOGIC   |          | <ul><li>SUBSTANCE USE</li><li>POISON CONTROL</li></ul>                                       |
|                      | VISION   |          | GUIDANCE:<br>DISCIPLINE  |
|                      | HEARING  |          | <ul> <li>DISCIPLINE</li> <li>BODY</li> <li>AWARENESS</li> </ul>                              |
|                      | DEVELOPMENT SURVEILLANCE   | 7        | <ul> <li>BEDTIME</li> <li>PEER GROUP</li> </ul>  |
|                      | PSYCHOLOGICAL/BEHAVIORAL<br>ASSESSMENT                               |          | <ul> <li>AFTER SCHOOL<br/>ACTIVITIES</li> <li>TV/VIDEO GAMES</li> <li>ORAL HEALTH</li> </ul> |
| ASSESSMENT:          |  | <b>I</b> |  |
|                      |  |          |  |
| PLAN:                |  |          |  |
| NEXT APPOINTMENT:    | SIGNATURE  | D        | ATE:   |

| me:                                | DOS: Birthda   | e:       | _ Kecord/ID #  |
|------------------------------------|--|----------|--|
| SUBJECTIVE:                        | OBJECTIVE:   | COMMENTS | ANTICIPATORY GUIDANCE /<br>PREVENTIVE HEALTH   |
| INTERVAL HISTORY                   | TEMPPULSE           Ht(%)                            |          | LABORATORY:<br>• TB TEST - WHEN  |
| PARENTAL CONCERNS:                 | Wt%)<br>BP   |          | INDICATED<br>HGB-annually for<br>adolescent females<br>CHOLESTEROL*                      |
| ILLNESSES:                         | BMI(%)<br>TOBACCO : Y / N                            |          | IMMUNIZATIONS:<br>• Tdap<br>• HEPATITIS B **   |
| ACCIDENTS:                         | ALCOHOL: Y / N                                       |          | <ul> <li>VARIVAX**</li> <li>MENINGOCOCCAL**</li> <li>INFLUENZA -<br/>ANNUALLY</li> </ul> |
|                                    | SUBSTANCE ABUSE: Y / N<br>NORMAL = N<br>ABNORMAL = X |          | <ul> <li>HEPATITIS A**</li> <li>HPV series</li> <li>* WHEN INDICATED</li> </ul>          |
| DIET/NUTRITION:                    | NOT EXAMINED = —<br>GENERAL APPEARANCE               | -        | ** IF NOT COMPLETED OR GIV<br>PRIOR  |
| PHYSICAL ACTIVITY:                 | SKIN   |          | EDUCATION:<br>DIET/NUTRITION:<br>• OBESITY   |
| SEXUAL DEVELOPMENT:                | HEAD   |          | <ul> <li>BALANCED MEALS</li> <li>SNACKS</li> <li>FAD DIETS</li> </ul>                    |
| FAMILY CHANGES:                    | LYMPH NODES NECK                                     | -        | BEHAVIOR:<br>SEXUALITY<br>DATING<br>BODY IMAGE<br>INDEPENDENCE                           |
|                                    | EENT   |          |  |
|                                    | CHEST  |          | SAFETY/INJURY PREVENTION <ul> <li>SEAT BELTS</li> <li>HELMETS (SAFETY</li> </ul>         |
| GROWTH &                           | HEART  |          | GEAR)  SPORTS SAFETY  TOBACCO/SUBSTAN  |
| DEVELOPMENT                        | ABDOMEN  |          | USE<br>SUN SCREEN<br>FIREARM USE   |
| SCHOOL PROGRESS                    | EXTERNAL GENITALIA<br>TANNER STAGE                   | -        | GUIDANCE:<br>CELL PHONE  |
| HOBBIES/SPORTS                     | EXTREMITIES  | -        | <ul> <li>INTERNET/SOCIAL<br/>MEDIA</li> <li>DISCIPLINE</li> </ul>                        |
| SEXUAL ACTIVITY/DATING             | NEUROLOGIC   |          | <ul> <li>SEX EDUCATION</li> <li>BEDTIME</li> <li>PEER GROUP</li> </ul>                   |
| PEER GROUP<br>INTERACTION/BULLYING | SCOLIOSIS<br>VISION                                  | -        | <ul> <li>AFTER SCHOOL<br/>ACTIVITIES</li> <li>CURFEWS</li> </ul>                         |
| FAMILY INTERACTION                 | HEARING  | -        | <ul> <li>DENTAL CARE</li> <li>LIMIT TV/VIDEO GA</li> <li>PROMOTING POSITI</li> </ul>     |
| MENSES                             |  |          | PARENT-CHILD<br>INTERACTION  |
| ASSESSMENT:                        |  |          |  |
| PLAN:                              |  |          |  |

### **PROGRESS RECORD AGE 13 – 18 YEARS**

| me:                    | DOS: Birthda                                     | ite:     | Kecora/ID #   |
|------------------------|--|----------|---|
| SUBJECTIVE:            | OBJECTIVE:                                       | COMMENTS | ANTICIPATORY GUIDANCE /<br>PREVENTIVE HEALTH/SCREENIN                                   |
| INTERVAL HISTORY       | TEMP   |          | DEPRESSION SCREENING:   |
|                        | Ht( <u>%)</u>                                    |          | ADOLESCENTS 12-18 YRS FOR MAJO<br>DEPRESSIVE DISORDER                                   |
| PATIENT CONCERNS:      | Wt(%)  |          | LABORATORY:<br>HCT OR HGB ANNUALLY  |
|                        | BPPulse  |          | FOR FEMALES DURING<br>ADOLESCENCE   |
| PARENTAL CONCERNS:     | BMI(%)   |          | <ul> <li>TB TEST *</li> <li>PAP TEST FOR SEXUALI</li> <li>ACTIVE FEMALES</li> </ul>     |
|                        | TOBACCO : Y / N                                  |          | ACTIVE FEMALES<br>CHLAMYDIA/STD/ HIV<br>SCREENING IF SEXUALI                            |
| ILLNESSES:             | ALCOHOL: Y / N                                   |          | ACTIVE<br>CHOLESTEROL*  |
|                        | SUBSTANCE ABUSE: Y / N                           |          | * WHEN INDICATED  |
| ACCIDENTS:             | $NORMAL = \mathbf{N}$<br>ABNORMAL = $\mathbf{X}$ |          | IMMUNIZATIONS:<br>Tdap/Td   |
|                        | NOT EXAMINED =                                   |          | <ul> <li>VARICELLA **</li> <li>MENINGOCOCCAL **</li> <li>INFLUENZA - ANNUALL</li> </ul> |
| DIET/NUTRITION:        | GENERAL APPEARANCE                               | -        | <ul> <li>HEPATITIS A**</li> <li>HEPATITIS B**</li> </ul>                                |
| PHYSICAL ACTIVITY:     | SKIN   | -        | <ul><li>MMR**</li><li>HPV</li></ul>   |
| PHISICAL ACTIVITI:     | HEAD   | _        | * WHEN INDICATED<br>** IF NOT RECEIVED PRIOR  |
| SEXUAL DEVELOPMENT:    | LYMPH NODES                                      | -        | EDUCATION:<br>DIET/NUTRITION:   |
|                        | NECK   | _        | <ul><li>BALANCED MEALS</li><li>SNACKS</li></ul>   |
| FAMILY CHANGES         | EENT   | -        | FAD DIETS BEHAVIOR:   |
|                        | CHEST  | _        | <ul> <li>SEXUAL ACTIVITY/DAT.</li> <li>REBELLION</li> <li>LEAVING HOME</li> </ul>       |
| GROWTH &               | BREASTS  | _        | <ul> <li>SMOKING</li> <li>SAFETY/INJURY PREVENTION:</li> </ul>                          |
| DEVELOPMENT            |  | _        | <ul><li>DRIVING</li><li>SEAT BELTS</li></ul>  |
| SCHOOL PROGRESS        | LUNGS  | _        | <ul> <li>HELMETS (SAFETY GEA</li> <li>SPORTS SAFETY</li> <li>SUBSTANCE</li> </ul>       |
|                        | HEART  |          | <ul> <li>SUBSTANCE<br/>USE/INHALANTS</li> <li>BODY PIECING/TATOOS</li> </ul>            |
| HOBBIES/SPORTS         | ABDOMEN  |          | SUN SCREEN/TANNING     GUIDANCE:  |
|                        | EXTERNAL GENITALIA                               | -        | <ul><li>DRINKING/DRIVING</li><li>CURFEWS</li></ul>                                      |
| SEXUAL ACTIVITY/DATING | PELVIC / PAP                                     | -        | <ul> <li>AFTER SCHOOL ACTIVIT</li> <li>CAREER/COLLEGE</li> </ul>                        |
|                        | TANNER STAGE                                     | _        | <ul> <li>SELF BREAST EXAMS</li> <li>SELF SCROTAL EXAMS</li> <li>PREGNANCY</li> </ul>    |
| PEER GROUP             | EXTREMITIES                                      | -        | <ul> <li>PREGNANCI</li> <li>CONTRACEPTION</li> <li>PELVIC EXAMS</li> </ul>              |
| INTERACTION/BULLYING   | NEUROLOGIC                                       | _        | <ul> <li>PROMOTING POSITIVE<br/>PARENT-CHILD</li> </ul>                                 |
| FAMILY INTERACTION     | SCOLIOSIS  | -        | INTERACTION<br>FOLIC ACID (0.4 mg/dl) –   |
|                        | VISION   | _        | <ul><li>females of reproductive age</li><li>CELL PHONE</li></ul>                        |
| MENSES                 | HEARING  | 4        | <ul> <li>TEXTING AND DRIVING</li> <li>INTERNET/ SOCIAL MED</li> </ul>                   |
| ASSESSMENT:            |  | 1        |   |
| DI AN.                 |  |          |   |
| PLAN:                  | SIGNATURE  |          |   |

| me:                 | DOS:  | Birthdate: | Record/ID #  |
|---------------------|---|------------|--|
| SUBJECTIVE:         | OBJECTIVE:                                    | COMMENT    | ANTICIPATORY GUIDANCE /<br>PREVENTIVE HEALTH   |
| HISTORY             | TEMPBP  |            | LABORATORY/TESTS/SCREENINGS  |
|                     | HtWtBMI                                       |            | <ul> <li>Lipid Panel: routine screening every 5 years<br/>starting at age 20 and more frequently for the<br/>at high risk.</li> </ul>  |
|                     | PULSE:  |            | <ul> <li>Fasting Plasma Glucose: for high risk, 3 y intervals beginning at age 35 yrs or at a</li> </ul>   |
|                     | TOBACCO : Y / N                               |            | <ul> <li>frequency clinically indicated.</li> <li>Mammogram every 1-2 yrs for women ag<br/>and older.</li> </ul>   |
|                     | ALCOHOL: Y / N                                |            | <ul> <li>Pap test every 1-5 yrs as indicated.</li> <li>Chlamydia screening annually for all sexual s</li></ul> |
|                     | SUBSTANCE ABUSE: Y / N                        |            | <ul> <li>Chamydia screening annually for all sex<br/>active women age 24 yrs and older and all<br/>other asymptomatic women at increased ri</li> </ul>   |
|                     | $NORMAL = \mathbf{N}$ $ABNORMAL = \mathbf{X}$ |            | <ul> <li>Gonorrhea, STD, HIV screening if sexual</li> </ul>  |
| PATIENT CONCERNS    | NOT EXAMINED = $-$                            |            | <ul><li>active or high risk.</li><li>Stool for occult blood annually or</li></ul>  |
|                     | GENERAL APPEARANCE                            |            | sigmoidoscopy every 5 years or<br>colonoscopy every 10 years (Age 45 and c   |
|                     | SKIN  |            | <ul> <li>Bone Mineral Density Screening: high ripost menopausal women every 2 yrs</li> </ul>   |
|                     | HEAD  |            | <ul> <li>Discussion of risks and benefits of prosta cancer screening.</li> </ul>   |
| DIET/NUTRITION:     | EYES  |            | • Visual Impairment-high risk should be referred to an eye care professional   |
|                     | ENT   |            | <ul> <li>Genetic Risk Assessment and BRCA<br/>Mutation Testing for Breast and Ovaria<br/>Cancer Susceptibility.</li> </ul>   |
|                     | NECK  |            | IMMUNIZATIONS:<br>• Td/Tdap every 10 years   |
| PHYSICAL ACTIVITY:  | CHEST   |            | <ul> <li>MMR if history is unreliable</li> <li>Influenza annual</li> </ul>   |
| Y/N                 | BREASTS                                       |            | <ul> <li>Pneumococcal: 1-2 doses for high-risk ag<br/>64 years.</li> </ul>   |
|                     | LUNGS   |            | <ul> <li>Varicella vaccine two doses if susceptible</li> <li>Hepatitis B 3 doses for high-risk.</li> </ul>   |
| DEPRESSION SCREEN:  | HEART   |            | <ul> <li>Hepatitis A 2 doses for high-risk.</li> <li>Meningococcal Vaccine 1 dose per lifetin</li> </ul>   |
| Y / N               | ABDOMEN                                       |            | <ul> <li>HPV 3 doses ages 18-26</li> <li>Zoster 1 time—age 60or older</li> </ul>   |
|                     |   |            | EDUCATION:<br>> Injury Prevention:   |
|                     | EXTERNAL GENITALIA                            |            | Seat belts     Smoke and carbon monoxide detec   |
|                     | PELVIC  |            | <ul> <li>Firearms safe use and storage</li> <li>Helmets</li> </ul>   |
| ADVANCED DIRECTIVE: | RECTAL  |            | <ul> <li>Domestic Violence</li> <li>Diet &amp; Exercise</li> </ul>   |
| Y / N               | EXTREMITIES                                   |            | <ul> <li>Preconception 0.4 mg daily Folic Acid</li> <li>Consider daily aspirin use</li> </ul>  |
|                     | BACK  |            | <ul> <li>Menopause counseling</li> <li>Sun exposure</li> </ul>   |
|                     | NEUROLOGIC                                    |            | <ul> <li>Oral health</li> <li>Polypharmacy</li> </ul>  |
|                     |   |            | <ul> <li>Safe sex/STD/HIV</li> <li>Tobacco cessation/Second hand smoke</li> </ul>  |
| ASSESSMENT:         |   |            | Substance use  |
|                     |   |            |  |
| PLAN:               |   |            |  |
| NEXT APPOINTMENT    | SIGNATURE                                     |            | DATE:  |

C04

## **PROGRESS RECORD AGE 65 + YEARS**

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| SUBJECTIVE:                              | OBJECTIVE:                               | COMMENTS | ANTICIPATORY GUIDANCE /<br>PREVENTIVE HEALTH  |
|--|--|----------|---|
| HISTORY:                                 | TEMP BP                                  |          | LABORATORY/TESTS/SCREENING  |
|  | HtWtBMI                                  |          | • Lipid panel every 5 years and more frequently for those at high risk.   |
| PATIENT CONCERNS:                        | PULSE                                    |          | <ul> <li>Fasting Plasma Glucose: for high risk, 3 year<br/>intervals or at a frequency clinically indicated.</li> </ul> |
| TATILIT CONCLAND.                        |  |          | • <b>Mammogram</b> every 1-2 years for women age 50 and older. Age 75 and above, continue                               |
|  | TOBACCO: Y / N                           |          | regular screening as long as health status permits, cancer tx.  |
| MEDICATIONS REVIEWED:                    | ALCOHOL: Y / N                           |          | <ul> <li>Pap Smears - Not recommended in women</li> </ul>   |
| Y / N                                    | SUBSTANCE ABUSE: Y / N                   |          | > age 65 who have had adequate prior screening<br>and are not at high risk for cervical cancer.                         |
| Date<br>See Medication List              | NORMAL = N                               | _        | <ul> <li>Stool for occult blood annually, or<br/>sigmoidoscopy every 5 years, or or</li> </ul>                          |
| See Medication List                      | $ABNORMAL = \mathbf{X}$ $NOT EXAMINED =$ |          | colonoscopy every 10 years (ages 45 & older,<br>until age 75.)  |
| FUNCTIONAL STATUS:                       | GENERAL APPEARANCE                       |          | <ul> <li>Bone Mineral Density Screening: routine</li> </ul>   |
| ADL Independent<br>Needs assistance with | SKIN                                     | _        | screening for all women age 65 and older every<br>two years. Assess risk factors for men 70 yrs                         |
| ADLs                                     | HEAD                                     | _        | and older.<br>• <b>Prostate cancer screening</b> discuss risks and  |
|  |  |          | benefits of screening.  |
| PAIN SCREENING: Y / N                    | EYES                                     |          | <ul> <li>Gonorrhea, STD, HIV risk based screening<br/>recommended if sexually active.</li> </ul>                        |
| Using 0-10 pain scale:                   | ENT                                      |          | Genetic Risk Assessment and BRCA     Mutation Testing for Breast and Ovarian  |
| Overall pain=                            | ТЕЕТН                                    | _        | Cancer Susceptibility. <ul> <li>Medical risk evaluation one time screening</li> </ul>                                   |
| <u>EYE EXAM:</u>                         | NECK                                     |          | for abdominal aortic aneurysm by<br>ultrasonography in men age 65 to 75 who   |
| Y / N<br>Last Exam:                      |  |          | have ever smoked.   |
|  | CHEST                                    |          | <ul><li>IMMUNIZATIONS:</li><li>Td once every 10 years</li></ul>   |
| DENTAL CARE:                             | BREASTS                                  |          | <ul> <li>Influenza annually</li> <li>Pneumococcal once, consider revaccination</li> </ul>                               |
| Y / N<br>Last Exam:                      | LUNGS                                    |          | <ul><li>after 5 years.</li><li>Varicella vaccine two doses if susceptible</li></ul>                                     |
|  | HEART                                    |          | <ul> <li>Hepatitis B 3 doses for high-risk.</li> </ul>  |
| <u>COGNITION CHANGES:</u><br>Y / N       | ABDOMEN                                  | _        | <ul> <li>Hepatitis A 2 doses for high-risk.</li> <li>Meningococcal Vaccine 1 dose per lifetime</li> </ul>               |
|  |  |          | • <b>Zoster</b> 1 dose age 60 yr and older. <b>EDUCATION:</b>   |
| DEPRESSION SCREEN:<br>Y / N              | EXTERNAL GENITALIA                       |          | <ul> <li>Injury Prevention:</li> <li>Seat belts</li> </ul>  |
| I / IN                                   | PELVIC                                   |          | <ul> <li>Smoke and carbon monoxide detectors</li> <li>Water heater, temperature &lt;120°</li> </ul>                     |
| URINARY INCONTINENCE:                    | RECTAL                                   |          | <ul><li>Rails on stairs</li><li>Firearms safe storage and use</li></ul>   |
| Y / N                                    | EXTREMITIES                              |          | <ul><li>Sun exposure</li><li>Helmets</li></ul>  |
| FALLS/ACCIDENTS:                         | BACK                                     |          | <ul><li>Home fall hazards</li><li>Driving impairment</li></ul>  |
| Y / N                                    | NEUROLOGIC                               |          | <ul><li>Substance Use/Polypharmacy</li><li>Domestic Violence</li></ul>  |
| PHYSICAL ACTIVITY:                       | VISION                                   | _        | <ul> <li>Diet, exercise, adequate calcium and vitamin D intake.</li> <li>Consider daily aspirin use</li> </ul>          |
| Y / N                                    | HEARING                                  |          | <ul> <li>Social support</li> <li>Discussion of risks and benefits of hormone prophylaxis</li> </ul>                     |
| ADVANCE DIRECTIVE:                       |  |          | and alternative therapies<br>➤ Tobacco cessation/Second hand smoke  |
| Y / N                                    |  |          | > HIV   |
| ASSESSMENT:                              |  |          |   |
|  |  |          |   |
| PLAN:                                    |  |          |   |
| NEXT APPOINTMENT:                        | SIGNATURE                                |          | DATE:   |

NEXT APPOINTMENT:

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