

# Regular Checkup for a Child

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Print this page and fill in the information if you are bringing your child in for an appointment.

What questions or concerns do I have about my child that I want addressed during this appointment?

Are there any recent stresses in the family that may be affecting my child, such as the death of a loved one, loss of a job, or conflicts?  Yes  No

If yes, describe briefly:

Since the last appointment, has my child had any recent injury or been diagnosed with any new disease or condition? If yes, fill in the following information:  Yes  No

| Injury, condition, or disease | Health professional who diagnosed the condition | What was the prescribed treatment? |
|-------------------------------|---|------------------------------------|
|                               |   |                                    |
|                               |   |                                    |

What medicines (including prescription, nonprescription, herbs, and nutritional supplements) has my child taken since our last visit?

| Name of medicine | What was the medicine for? |
|------------------|----------------------------|
|                  |                            |
|                  |                            |
|                  |                            |

Does my child have any new allergies to medicines, foods, or other substances? If yes, fill in the following information:  Yes  No

| Medicine or substance | Reaction |
|-----------------------|----------|
|                       |          |
|                       |          |
|                       |          |

|  |  |
|--|--|
| Do I have any concerns for my child in any of the following areas? If yes, describe the problem. |  |
| Sleeping   |  |
| Eating   |  |
| Bowel or bladder   |  |
| Speech and language  |  |
| Hearing  |  |
| Behavior   |  |
| Physical growth and coordination   |  |
| Emotional state  |  |
| School or day care   |  |
| Physical activity  |  |

Do I need any written information or instructions about my child's care, such as growth and development changes to expect?

### Reminders

- Bring your child's immunization record to the appointment. If you do not have a record, ask your doctor for one.
- Bring a list of all medicines your child is taking, or bring the medicines with you to the appointment.
- Ask about normal growth and development milestones to look for in your child.