

# Child Health and Developmental Summary

## Purpose

Staff may use this optional tool to track health/nutrition activities, screenings, and assessments.

## Immunization Record

Complete – Date: \_\_\_\_\_  Needs  Exempt

## Prenatal/Postnatal Services (EHS)

Postpartum Maternal Depression Screening  Prenatal Maternal Depression Screening  2-Week Postpartum Visit

## Well Child Exams

2 weeks  1 month  2 months  4 months  6 months  9 months  
 12 months  15 or 18 months  24 months  3 years  4 years  5 years

## Dental Exams

Date Due: \_\_\_\_\_ Received On: \_\_\_\_\_

Date Due: \_\_\_\_\_ Received On: \_\_\_\_\_

Date Due: \_\_\_\_\_ Received On: \_\_\_\_\_

Date Due: \_\_\_\_\_ Received On: \_\_\_\_\_

## Lead Test

**12 months** Date: \_\_\_\_\_ Results: \_\_\_\_\_

**24 months** Date: \_\_\_\_\_ Results: \_\_\_\_\_

**3-5 years** Date: \_\_\_\_\_ Results: \_\_\_\_\_

## Hematocrit/Hemoglobin

**9-24 months** Date: \_\_\_\_\_ Results: \_\_\_\_\_

**2-5 years** Date: \_\_\_\_\_ Results: \_\_\_\_\_

## Screenings

**Hearing** Date Due: \_\_\_\_\_ Completed: \_\_\_\_\_ Rescreen Date (if applicable): \_\_\_\_\_

**Vision** Date Due: \_\_\_\_\_ Completed: \_\_\_\_\_ Rescreen Date (if applicable): \_\_\_\_\_

**ASQ** Date Due: \_\_\_\_\_ Completed: \_\_\_\_\_ Rescreen Date (if applicable): \_\_\_\_\_

**ASQ-SE** Date Due: \_\_\_\_\_ Completed: \_\_\_\_\_ Rescreen Date (if applicable): \_\_\_\_\_