Head Start of GREATER DALLAS
Teaching Children & Building Families

Mi Escuelita Preschool
Give Wings

CHILD HEALTH RECORD (3-5 YRS.)

Name: DOB: Age: Sex:
Allergies: Major Illness:
Medication taken regularly
Able to participate in center activities ☐Yes ☐No If not, why?

DEVELOPMENT 3 YEARS	**DEVELOPMENT 4 YEARS**	DEVELOPMENT 5 YEARS
☐ Brushes teeth with help	☐ Puts on T-shirt	☐ **Brushes teeth with no help**
☐ Tower of 6 cubes	☐ Wiggle thumb	☐ **Copies +**
☐ Uses pronouns; I, You, and Me	☐ Express needs in 3-6 words	☐ **Carries on a conversation**
☐ Throws ball overhead	☐ Balances on 1 foot, 2 seconds	☐ **Balances on 1 foot, 3 seconds**

	Results	**Dates**	**Initials**		**Results**	**Dates**	**Initials**		**Results**	**Dates**	**Initials**
Ht.inches				Ht.inches				Ht.inches			
Wt. lbs				Wt. lbs				Wt lbs			
Ht.2 (N)				Ht.2 (N)				Ht.2 (N)			
Wt.2 (N)				Wt.2 (N)				Wt.2 (N)			
B/P				B/P				B/P			
Hct.				Hct.				Hct.			
Strab.				Strab.				Strab.			
Vis. R				Vis. R				Vis. R			
Vis. L				Vis. L				Vis. L			
PT/ R				PT/ R				PT/ R			
PT/L				PT/L				PT/L			
Imp. R				Imp. R				Imp. R			
Imp. L				Imp. L				Imp. L			
Lead				Lead				Lead			
H/LDL				H/LDL				H/LDL			
Chol. T.				Chol. T.				Chol. T.			
GLU				GLU				GLU			
TB				TB				TB			
Screening Completion Date				Screening Completion Date				Screening Completion Date			
Rescreen:				Rescreen:				**Rescreen:**			

PHYSICAL EXAMINATION				**PHYSICAL EXAMINATION**				PHYSICAL EXAMINATION			
N	**A**	**NE**		**N**	**A**	**NE**		**N**	**A**	**NE**	
☐	☐	☐	Appearance	☐	☐	☐	Appearance	☐	☐	☐	Appearance
☐	☐	☐	Head	☐	☐	☐	Head	☐	☐	☐	Head
☐	☐	☐	Nose, Mouth Pharynx	☐	☐	☐	Nose, Mouth Pharynx	☐	☐	☐	Nose, Mouth Pharynx
☐	☐	☐	Teeth	☐	☐	☐	Teeth	☐	☐	☐	Teeth
☐	☐	☐	Eyes (funduscope)	☐	☐	☐	Eyes (funduscope)	☐	☐	☐	Eyes (funduscope)
☐	☐	☐	Ears (tympanic)	☐	☐	☐	Ears (tympanic)	☐	☐	☐	Ears (tympanic)
☐	☐	☐	Neck	☐	☐	☐	Neck	☐	☐	☐	Neck
☐	☐	☐	Chest/Heart	☐	☐	☐	Chest/Heart	☐	☐	☐	Chest/Heart
☐	☐	☐	Lungs	☐	☐	☐	Lungs	☐	☐	☐	Lungs
☐	☐	☐	Abdomen	☐	☐	☐	Abdomen	☐	☐	☐	Abdomen
☐	☐	☐	Genitalia	☐	☐	☐	Genitalia	☐	☐	☐	Genitalia
☐	☐	☐	Glands (thyroid)	☐	☐	☐	Glands (thyroid)	☐	☐	☐	Glands (thyroid)
☐	☐	☐	Skin	☐	☐	☐	Skin	☐	☐	☐	Skin
☐	☐	☐	Spine	☐	☐	☐	Spine	☐	☐	☐	Spine
☐	☐	☐	Extremities	☐	☐	☐	Extremities	☐	☐	☐	Extremities
☐	☐	☐	Coordination	☐	☐	☐	Coordination	☐	☐	☐	Coordination
ASSESSMENT				**ASSESSMENT**				**ASSESSMENT**			
PLAN				**PLAN**				**PLAN**			
Entry Date:				Re/Entry Date:				**Re/Entry Date:**			
Date:				Date:				**Date:**			
Provider				**Provider**				**Provider**			