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?　　Yes　　No
If yes, fill in the following information:

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
Vision
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.