

# Pediatric Problem List/Preventive Health Form

## CHRONIC PROBLEM / SIGNIFICANT CONDITION LIST

Diagnosed Date	Problem	Resolved / End Date*

\*All chronic conditions or significant problems are considered current if no "end date" is documented.

## PEDIATRIC PREVENTIVE HEALTH SCREENING RECORD

Health Screening	Date	Date	Date	Date	Date	Date	Date	Date	Date
Initial/Annual Health Exam									
Staying Healthy Tool (IHEBA)									
Vision check									
Hearing check									
Nutrition assess.									
Dental check / referral									
Blood Lead test (12 & 24 mo.)									
TB Risk/Test									
Immunizations Updated: ✓ /date (See record)									
Hematocrit or Hemoglobin									
Diabetes Check									
Cholesterol screen									
UA									
Testicular exam									
Pap smear									
STD screen									
Health Education									
*AHCD offered									

\* AHCD = Advance Health Care Directive Information offered for emancipated minors or 18years/older.

Name: \_\_\_\_\_ Last updated: \_\_\_\_\_