

HEALTH ASSESSMENT FOR CHILDREN AND YOUTH

Name _____ Birthdate _____ Male/Female _____

Address _____ City _____ Zip _____

Parent/Guardian _____ Phone(W) _____ (H) _____

PHYSICAL EXAMINATION — To be completed by health care provider approved to perform health assessments.

Code Each Item as Follows: 0 = No significant findings 1 = Significant findings	Code	Description of Findings
General Appearance Integument Head – Neck EENT Oral – Dental Thorax Breasts Cardiovascular Abdomen Musculoskeletal Genitourinary Neurological		

Significant Assessment Findings:

Recommendations: (Include referrals)

Additional information may be attached

Date

Signature of Licensed Physician, RPA, ARNP or RN certified by KDHE to perform health assessments

Print Name of Licensed Physician, RPA, ARNP or RN certified by KDHE to perform health assessments