

**PEDIATRIC CONTINUITY CLINIC
 AMBULATORY CARE CENTER
 MEDICAL COLLEGE OF GEORGIA
 AUGUSTA, GEORGIA**

DATE: _____

AGE: 36 MONTH CHECK-UP

Weight: _____ : %: _____
 Height: _____ : % _____
 Head cir. _____ : % _____

Name and Number: _____
 24 Month weight _____
 24 Month height _____
 24 Month head circumference _____

Pertinent Medical Interval History (Illnesses, medications, etc.):

Eating: Feeds him or herself completely with knife and fork Y _____ N _____
 Eats a balanced diet Y _____ N _____
 Takes skim or low fat milk Y _____ N _____

Sleeping: Sleeps in room alone for 10-11 hours straight Y _____ N _____

Development: Speaks in at least three word sentences Y _____ N _____
 Walks up and down stairs easily Y _____ N _____
 Goes to preschool; if so, gets along with other children Y _____ N _____
 Toilet trained; if so does not wet the bed Y _____ N _____
 Knows age, sex and full name Y _____ N _____

GENERAL EXAMINATION - STAR IF YES AND DESCRIBE BELOW

Pain Scale _____; Pain Score _____; Location: _____; MD Notified: _____; Initials: _____

	Normal		Normal
	Y N		Y N
General Appearance	_____	Ribs	_____
Alertness	_____	Heart	_____
Hearing	_____	Abdomen	_____
Growth	_____	Genitalia	_____
HEENT	_____	Hips	_____
Neck	_____	Gait	_____
Lungs	_____	Intoeing	_____
Chest	_____	Neurological	_____

OTHER PERTINENT PHYSICAL FINDINGS:
