

GENERAL HEALTH APPRAISAL FORM

The Village @ Ames 7300 S. Clermont Dr., Centennial, CO 80121 Fax: (303)347- 4420

Information on this form may be shared with appropriate personnel for health and educational purposes.

Child's Name (Nombre del Niño) _____ Date of Birth (Fecha de Nacimiento) _____

Parent/Guardian Signature _____ Date (Fecha) _____
(Firma del Padre/ Tutor)

The remainder of this form must be filled out by a licensed medical provider.
(El resto de este formulario tendrá que estar completado por un proveedor profesional medico.)

History:

Birth Weight? _____

Anything unusual about pregnancy, birth or early development? _____

Acute or chronic medical problems? _____

Allergies? _____ Special diet? _____

Do the child's activities need to be modified in any way? If yes, please explain: _____

Does the child require a Health Care Action Plan? Yes___ No___

Physical Assessment

Height _____ %-ile _____; Weight _____ %-ile _____ Blood Pressure _____

Screenings Performed

Vision: Normal Abnormal Hearing: Normal Abnormal Dental: Normal Abnormal

Any physical abnormalities on complete examination? _____

Any developmental concerns (speech, fine/gross motor)? _____

Immunization Status: A copy of up-to-date immunization records is required for school enrollment.

Immunizations up to date? Yes___ No___ needs _____

Are there any other health care providers involved in this child's care? No___ Yes___ who?

I hereby certify that the above named child is in good health and is of normal physical and emotional maturity for age except as already noted above.

Signature of

Health Provider _____ Date _____

Clinic/Office Name & Address _____

_____ Phone No. (____) _____

Date of Last Exam _____ Next recommended exam _____

Notice: Your child's General Health Appraisal Form will expire one year after the date of the last examination. A new General Health Appraisal Form will need to be provided when this one expires.