

# PEDIATRIC HEALTH RECORD

CHRONIC PROBLEMS			
Date Entered	Problem (Date of Onset)	Long Term Medication, Comments, etc.	Date Resolved

Hospitalizations/Surgeries	
Date	Diagnoses

Drug Reactions	
Date Noted	Drug (Type of Reaction)

### Pediatric Periodic Evaluation Dates

<1wk	2wks	1m	2m	4m	6m													
9m	12m	15m	18m	2y	3y	4y	5y	6y	7y	8y	9y	10y	11y	12y	13y	14y	15y	
Date																		
Hgb																		
Lead																		
UA																		
Vision																		
Hearing																		
Staying Healthy Assessment																		

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

MR #: \_\_\_\_\_