CONFIDENTIAL MEDICAL RECORD

Agency Stamp

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BUREAU OF DAY CARE
CHILDREN'S MEDICAL RECORD

NEW ADMISSION RECORD

Date of Admission: ____/____/____

NAME: (Last) (First) (Middle)	SEX ❑ F ❑ M	DATE OF BIRTH: ____/____/____ Birth weight: _____ Place of Birth: _____
ADDRESS: (No.) (Street) (City/Boro) (State) (Zip)		

PHYSICIAN'S REPORT TO DAY CARE

Significant Family Medical/Social History
Explain Those Marked

- ❑ Vision _____
- ❑ Hearing _____
- ❑ TB _____
- ❑ Chronic Illnesses _____
- ❑ Social Concerns _____
- ❑ Exposure to second hand smoke in home _____
- ❑ Exposure to Violence _____
- ❑ Other _____

Birth History ❑ Normal
❑ High Risk or Problems– Specify _____

Past Medical History ❑ Normal
❑ High Risk or Problems– Specify _____

ALLERGIES: ❑ NONE
- ❑ FOOD _____
- ❑ MEDICINE _____
- ❑ OTHER _____

DEVELOPMENTAL OBSERVATION *Check "Yes" or "No" for appropriate ages. If more than 2 "No's" or any boxed item is marked in child's age category, indicate follow-up or action taken in the Sections 'Diagnoses, Problems and Plan' on back of form.*

BY 6 MONTHS

Y	N	
❑	❑	Imitates vocalizing
❑	❑	Turns to voice
❑	❑	Rolls over
❑	❑	Reaches (each hand)
❑	❑	Cuddles

❑ AVOIDS EYE CONTACT

BY 12 MONTHS

Y	N	
❑	❑	Stands alone 2 secs
❑	❑	Bangs two blocks
❑	❑	Says "Mama/Dada" specifically
❑	❑	Responds to "NO"
❑	❑	Plays patty cake or waves "bye-bye"

- ❑ AVOIDS EYE CONTACT
- ❑ CONCERN THAT CHILD CAN'T HEAR
- ❑ TUNES OUT

BY 18 MONTHS

Y	N	
❑	❑	Imitates household chores (sweeping)
❑	❑	Says 4 words besides "Mama/Daca"
❑	❑	Points to one body part "show me your nose"
❑	❑	Drinks from a cup
❑	❑	Scribbles

- ❑ AVOIDS EYE CONTACT
- ❑ TOE WALKING

BY 2 YEARS

Y	N	
❑	❑	Kicks ball forward
❑	❑	Combines 2 words
❑	❑	Strangers understand half child's speech
❑	❑	Points to 6 named body parts (nose, eyes...)
❑	❑	Names 1 animal picture
❑	❑	Takes off clothing (other than hat)

PERSISTENT
- ❑ ROCKING
- ❑ HEADBANGING
- ❑ HANDFLAPPING

BY 3 YEARS

Y	N	
❑	❑	Can hold 2-3 sentence conversation
❑	❑	Names 4 animal pictures
❑	❑	Knows 2 animal actions: which flies, meows etc.
❑	❑	Understands what to do when tired, cold or hungry (1 out of 3)
❑	❑	Imitates a vertical line
❑	❑	Washes and dries hands

❑ ECHOLALIA (repeating what was just said)

BY 4 YEARS

Y	N	
❑	❑	Knows first and last names
❑	❑	Understands what to do when tired, cold or hungry (2 out of 3)
❑	❑	Plays interactive games (like tag)
❑	❑	Walks up stairs not holding on
❑	❑	Toilet trained/night

BY 5 YEARS

Y	N	
❑	❑	Throws a ball overhand
❑	❑	Draws a three-part person
❑	❑	Copies a cross
❑	❑	Names four colors
❑	❑	Dresses without supervision

COMPLETE PHYSICAL EXAMINATION

Height _____ in _____ (% 'ile)

Head Circumference (up to 24 mos) _____ in _____ (% 'ile)

Weight _____ lbs _____ (% 'ile)

Blood Pressure (after 3 years of age) _____ / _____

Physical examination: ❑ Normal
❑ Abnormal, specify: _____