

NORTHEAST SD HEAD START WELL CHILD EXAM

WELL CHILD EXAM

Child's Name: _____ Birth Date: ____/____/____

Center/Home Base Unit _____

Allergies(Medications/Food/Environmental): _____

Medications: _____

Current Medical Problems/Concerns: _____ Previous Surgeries: _____

	Normal	Abnormal	Refer	Not Eval
General Appearance	___	___	___	___
Posture, Gait	___	___	___	___
Speech	___	___	___	___
Head	___	___	___	___
Skin	___	___	___	___
Eyes External Aspects	___	___	___	___
Optic fundoscopic	___	___	___	___
Cover Test	___	___	___	___
Ears External Canal	___	___	___	___
Nose, Mouth, Pharynx	___	___	___	___
Teeth	___	___	___	___
Heart	___	___	___	___
Lungs	___	___	___	___
Abdomen (include hernia)	___	___	___	___
Genitalia	___	___	___	___
Bones, Joint, Muscles	___	___	___	___
Neurological/Social	___	___	___	___
Gross motor	___	___	___	___
Fine motor	___	___	___	___
Communication skills	___	___	___	___
Cognitive	___	___	___	___
Self-help skills	___	___	___	___
Social skills	___	___	___	___
Glands (Lymphatic/Thyroid)	___	___	___	___
Muscular Coordination	___	___	___	___

Date of Exam: _____

Provider Signature: _____

Provider Name Print: _____

Clinic & Address: _____

Phone: _____ Fax: _____

REQUIRED

Child Health Testing Results

Height _____

Weight _____

Blood Pressure ____/____

Lead _____ug/dl

Date Tested _____

Head Start is required to have a record on file of:
*** ONE Lead blood test completed at age 24 months or later. Only ONE is needed.**

***Immunizations** completed all for age:
 4 DTaP, 3 Polio, 1 MMR, & 1 Varicella

***Please return this form to:**

NESD Head Start Program, Inc.
 200 S Harrison St. #1, Aberdeen, SD 57401

Phone: (605)229-4506 Fax: (605) 226-0196

NESD Head Start Program, Inc.

- Provider must submit medical bills to Medicaid or private insurance.
- Parents must submit proof of deductible and/or copay amounts to Head Start as documentation of costs not covered by insurance for required services.
- Head Start is the last source of payment.

Physical Exam & Treatment Procedures

- Head Start will pay for the following services on all **Non-Medicaid and Non-Insured children: (With prior approval)**
 1. Well Child Physical Exam
 2. Initial office visit for referrals made by Head Start regarding vision, hearing, and physicals.
 3. Lead blood test, if not already completed at 24 months.
- **Head Start will not pay for the following services.**
 1. Mileage associated with medical treatment.
 2. Assistive devices (i.e. glasses, hearing aides), medications or treatment of medical conditions