



CHILDHOOD HEALTH RECORD

Birth to 18 years

Name

Your Child's CHECKUPS

Regular well-child and oral health checkups are very important for your child's health and development. This Childhood Health Record, along with the Lifetime Immunization Record, will help you keep track of important health information about your child.

Keeping each section up-to-date will provide a useful and handy record of your child's health history. These records provide valuable information in an emergency and throughout your child's life. Keep them in a safe place at home and take them with you when you travel.

PREPARE FOR WELL-CHILD CHECKUPS

You will receive letters in the mail from the Department of Health with reminders to schedule checkups. They will also give you information about your child's growth and development, safety, nutrition, and recommended immunizations. Before each checkup, write down any questions that you have about your child's health and development and take them with you. Be sure to ask if your child's immunizations are up-to-date. **Take this booklet and the Lifetime Immunization Record with you when you see your child's doctor, nurse, and dentist.**

BIRTH RECORD

Name _____

Date of Birth ___ / ___ / ___ Time _____

Weight ___ lb. ___ oz. Length _____

Place of Birth _____

City/State _____

Notes _____

EMERGENCY INFORMATION

In an emergency, call 911

Washington Poison Center 1-800-222-1222

Other important contacts _____

Allergies/Treatments _____

Special Health Needs/Treatments _____

HEALTH CHECKUPS

H = height H% = height percentile W = weight
W% = weight percentile HC = head circumference
BMI = body mass index BMI% = BMI percentile



Health Checkup

Date_____

Doctor/Clinic_____

Address/Phone_____

H_____H%_____W_____W%_____HC_____

Notes_____

Injuries/Illnesses_____



Health Checkup

Date_____

Doctor/Clinic_____

Address/Phone_____

H_____H%_____W_____W%_____HC_____

Notes_____

Injuries/Illnesses_____



Health Checkup

Date_____

Doctor/Clinic_____

Address/Phone_____

H_____H%_____W_____W%_____HC_____

Notes_____

Injuries/Illnesses_____



Health Checkup

Date_____

Doctor/Clinic_____

Address/Phone_____

H_____H%_____W_____W%_____HC_____

Notes_____

Injuries/Illnesses_____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ H% _____ W _____ W% _____ HC _____

Notes _____

Injuries/Illnesses _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ H% _____ W _____ W% _____ HC _____

Notes _____

Injuries/Illnesses _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ H% _____ W _____ W% _____ HC _____

Notes _____

Injuries/Illnesses _____

The first oral health checkup is recommended by one year of age or within six months of the first tooth erupting. Talk to your dentist about preventing cavities with fluoride and sealants.

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date_____

Doctor/Clinic_____

Address/Phone_____

H_____H%_____W_____W%_____HC_____

Notes_____

Injuries/Illnesses_____



Health Checkup

Date_____

Doctor/Clinic_____

Address/Phone_____

H_____H%_____W_____W%_____HC_____

Notes_____

Injuries/Illnesses_____



The two-year visit is a good time to be sure your child has had all recommended immunizations. Ask your doctor, nurse, or clinic about any immunizations your child may have missed. Some doctors will want to schedule a checkup at 2½ years. This is a good time to talk about any development questions you have about your child. Ask your doctor or clinic if you should schedule a checkup at 2½ years.

Health Checkup

Date _____ Doctor/Clinic _____

Address/Phone _____

H _____ W _____ HC _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup

Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Children who are immunized according to the recommended schedule will meet school entry requirements. You will need to provide a copy of your child's immunization record. Talk to your doctor, nurse, or clinic for more information.

Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup

Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup

Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



There are several immunizations recommended for your child at 11 to 12 years of age. Schedule a health checkup for your child at this age. You can also ask about immunizations at a sports physical or other doctor visit.

Health Checkup Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup

Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup

Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



If your child has had all recommended immunizations, he or she will meet immunization requirements for college, the military, and future employment. Be sure to ask about additional travel immunizations your child may need.

Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup

Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



WithinReach

WithinReach Family Health Hotline

1-800-322-2588 (711 TTY relay)
or **www.ParentHelp123.org**



Child Profile is a program of the
Washington State Department of Health.

If you have a disability and need this document in another format,
please call 1-800-322-2588 (711 TTY relay).