

**Nassau County Department of Health
EARLY INTERVENTION PROGRAM**

Fax (516) 227-8662

HEALTH STATUS REPORT

In compliance with the New York State Early Intervention Regulations Section 69-4.8(4)(l)(a), a physical examination is required as part of the initial multidisciplinary evaluation including a routine vision & hearing screening.

Child's Name _____ SEX: F M Date of Birth ____/____/____

Birth Weight: _____ Place of Birth: _____

Significant Family Medical/Social History (Explain)

Vision _____ Hearing _____

TB _____ Chronic Illnesses _____

Social Concerns: _____

Exposure to Violence: _____

High Risk Birth/Complications: _____

Complete Physical Examination

Date of Examination: ____/____/____

Height: _____ Weight: _____ Percentile: _____

Head Circumference: _____ B / P : ____/____

Nutritional Concerns: _____

Current Medications: _____

IMMUNIZATION HISTORY
DATE IMMUNIZATION GIVEN

	1st	2nd	3rd	4th	5 th
HEP B					
DTP					
HIB					
POLIO					
MMR					
VARICELLA					
SEE ATTACHED					
PNUMOCOCCAL					
INFLUENZA					
HEPATITIS A					

ALLERGIES

None

Food _____

Medicine _____

Other _____

LEAD TEST HISTORY

	DATE	RESULT
ONE YEAR		
TWO YEARS		
OTHER		

DEVELOPMENTAL OBSERVATIONS – Please complete for each age level by placing a check in each area. Indicate any action or follow-up necessary.

<p>BY 6 MONTHS:</p> <p>___ Imitates vocalizing</p> <p>___ Turns to voice</p> <p>___ Rolls over</p> <p>___ Reaches (ea. Hand)</p> <p>___ Cuddles</p> <p>___ AVOIDS EYE CONTACT</p>	<p>BY 12 MONTHS:</p> <p>___ Stands alone 2 secs.</p> <p>___ Bangs two blocks</p> <p>___ Says "Mama/Dada" specifically</p> <p>___ Responds to "no"</p> <p>___ Plays patty cake or waves "bye-bye"</p> <p>___ AVOIDS EYE CONTACT</p> <p>___ CONCERN THAT CHILD CAN'T HEAR</p> <p>___ TUNES OUT</p>	<p>BY 18 MONTHS:</p> <p>___ Imitates household chores (sweeping)</p> <p>___ Says 4 words besides "Mama/Dada"</p> <p>___ Points to one body part "show me your nose"</p> <p>___ Drinks from a cup</p> <p>___ Scribbles</p> <p>___ AVOIDS EYE CONTACT</p> <p>___ TOE WALKING</p>	<p>BY 2 YEARS:</p> <p>___ Kicks ball forward</p> <p>___ Combines 2 words</p> <p>___ Strangers understand half child's speech</p> <p>___ Points to 6 named body parts (nose, eyes...)</p> <p>___ Names 1 animal picture</p> <p>___ Takes off clothing (other than hat)</p> <p>PERSISTENT: ___ ROCKING</p> <p>___ HEADBANGING</p>	<p>BY 3 YEARS:</p> <p>___ Holds 2-3 sentence conversation</p> <p>___ Names 4 animal pictures</p> <p>___ Knows 2 animal actions -flies, meows?</p> <p>___ Understands what to do when tired, cold or hungry (1 of 3)</p> <p>___ Imitates vertical line</p> <p>___ Washes & dries hands</p> <p>___ ECHOLALIA (repeating what was just said)</p> <p>___ HANDFLAPPING</p>
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PARENTAL CONSENT TO OBTAIN/RELEASE INFORMATION

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

I, _____, give my consent to have my child's records released to
Name of Parent/Guardian (Please Print)

Nassau County Department of Health Early Intervention Program.

Signature of Parent/Guardian Date

PHYSICIAN RECOMMENDATIONS & REFERRALS

Please indicate which of the medical specialty areas this child has visited or been referred:

	<u>Referred</u>	<u>Date Visited</u>
Developmental Pediatrician	_____	_____
Visual/Ophthalmologist	_____	_____
ENT/Hearing	_____	_____
Neurologist	_____	_____
Cardiologist	_____	_____
Orthopedist/Physiatrist	_____	_____
Neo-Natal Spec.	_____	_____
Gastro-Intestinal	_____	_____
Genetic Testing	_____	_____
Audiological	_____	_____
Physical Thpy.	_____	_____
Occupational Thpy:	_____	_____
Speech Thpy.	_____	_____

CLINICAL IMPRESSIONS & RECOMMENDATIONS

Indicate all chronic conditions and/or findings needing follow-up:

1. _____
2. _____

DIAGNOSIS & ICD 10 CODE:

This child is being referred because he/she is suspected of having a disability, which includes a developmental delay and/or a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

Physician Signature
Print Name Stuart Feinstein, MD
Address 2266 Dutch Broadway
Elmont, NY 11003
Phone No. 516-775-0493
License No. 161195
Physician NPI No. 1154366763

Completed Form may be Faxed to (516) 227- 8662
(Include confidentiality cover sheet)