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Child Medical Checklist

Please indicate your preference for the age of the child at the time of referral:
_____ to _____ (years)

Please indicate which of the following types of medical needs you would or would not consider in a child.

Medical Issue	Would Consider	Would Not Consider
General		
Failure to thrive	☐	☐
Low birth weight (less than 5.5 pounds)	☐	☐
Very low birth weight (less than 3.3 pounds)	☐	☐
Prematurity (less than 34 weeks gestation)	☐	☐
Family history of mental health disorder	☐	☐
Malnutrition/Rickets	☐	☐
Blood		
Iron Deficiency	☐	☐
Thalassemia	☐	☐
Hemophilia	☐	☐
Pre-natal / Congenital Exposures		
Alcohol use during pregnancy – moderate	☐	☐
Alcohol use during pregnancy –severe	☐	☐
Diagnosed alcohol-related disorder	☐	☐
Tobacco use during pregnancy – moderate	☐	☐
Tobacco use during pregnancy – severe	☐	☐
Drug use during pregnancy – minor	☐	☐
Drug use during pregnancy – moderate	☐	☐
Drug use during pregnancy – severe	☐	☐
CMV	☐	☐
Rubella	☐	☐
Toxins from environment	☐	☐
Central Nervous System		
Cerebral palsy – mild	☐	☐
Cerebral palsy – moderate	☐	☐
Cerebral palsy – severe	☐	☐
Febrile seizure disorder	☐	☐
Epilepsy – with treatment	☐	☐
Spina bifida (location to be considered)	☐	☐
Hypotonia/Hypertonia	☐	☐
Hydrocephalus	☐	☐
Microcephaly	☐	☐

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Medical Issue	**Would Consider**	**Would Not Consider**
Development/Mental Health		
Speech Disorders	☐	☐
Severe Developmental Delay Diagnosed	☐	☐
Learning Disorder Unpredictable	☐	☐
Intellectual Development Autism	☐	☐
Spectrum	☐	☐
ADD/ADHD Mood	☐	☐
Disorder Personality	☐	☐
Disorder	☐	☐
Reactive Attachment Disorder	☐	☐
Schizophrenia	☐	☐
Eating Disorder	☐	☐
Digestive		
Recurrent diarrhea	☐	☐
Malabsorption (Ex: failure to thrive)	☐	☐
Reflux	☐	☐
Food Allergies (Ex: milk protein)	☐	☐
Lactose intolerant	☐	☐
Facial / Cranial		
Surgically corrected cleft lip	☐	☐
Surgically corrected cleft palate	☐	☐
Uncorrected cleft lip	☐	☐
Uncorrected cleft palate	☐	☐
Genetic Disorders		
Genetic syndrome related to craniofacial abnormality	☐	☐
Inborn errors of metabolism (Ex: albinism)	☐	☐
Down syndrome	☐	☐
Dwarfism		
Hearing		
Deafness	☐	☐
Partial hearing loss	☐	☐
Missing/Malformed ear(s)	☐	☐

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Medical Issue	Would Consider	Would Not Consider
Organ Defects		
Heart murmur	☐	☐
ASD/VSD	☐	☐
Missing kidney	☐	☐
Kidney disorder	☐	☐
Thyroid disorder	☐	☐
Infectious Diseases		
Tuberculosis	☐	☐
Chronis Hepatitis B infection	☐	☐
Possible carrier of Hepatitis B	☐	☐
Hepatitis C/Hepatitis C exposure	☐	☐
Born to birth mother with HIV infection	☐	☐
Positive HIV antibodies	☐	☐
Born to birth mother with Syphilis	☐	☐
Orthopedic		
Webbed fingers	☐	☐
Webbed toes	☐	☐
Extra digits	☐	☐
Missing digits	☐	☐
Partially formed limbs (by birth or accident)	☐	☐
Missing limbs (by birth or accident)	☐	☐
Club foot	☐	☐
Hip Dysplasia	☐	☐
Scoliosis	☐	☐
Torticollis	☐	☐
Respiratory		
Asthma	☐	☐
Cystic fibrosis	☐	☐
Skin		
Disfiguring birthmarks	☐	☐
Chronic rash	☐	☐
Moderate dermatitis	☐	☐
Urinary / Genital		
Urinary tract malformations	☐	☐
Urinary reflux	☐	☐
Genital malformations	☐	☐

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Medical Issue	Would Consider	Would Not Consider
Vision		
Blindness in both eyes	☐	☐
Blindness in one eye	☐	☐
Poor vision, unstable eyesight	☐	☐
Strabismus (Crossed eyes)	☐	☐
Missing/Malformed eye(s)	☐	☐
Eye trauma	☐	☐
Glaucoma		