

## Checklist for Your Child's Doctor's Appointment

Print this form and complete it to take with you when you see your child's doctor. This will help you give your child's doctor complete information and make the most of your visit.

### Reasons for This Appointment

Why did you make this appointment? What do you want to talk about with your doctor?

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### Development

Is your child's development appropriate for his/her age?

Growth: \_\_\_\_\_ Motor Skills/Movement: \_\_\_\_\_

Mental and Social Development: \_\_\_\_\_ Speech: \_\_\_\_\_

### Symptoms

Describe your child's symptoms, including where they are located and how they feel.

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When did your child's symptoms start? How long do they last? Is it constant or just sometimes?

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Have there been any recent changes in your child's routine? (For example, sleeping, eating, death of a loved one, divorce.)

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What treatments have you already tried, if any, and have they helped?

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### Medications

**List all the medications your child takes.** Write down all your child's prescriptions and any other medicines or supplements your child takes. You should include any medicines your child stopped taking and say why they were stopped. **Include:** the name of the drug, why your child takes it, the dosage, and the last time your child took it.

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### Notes From This Appointment

Write down any new medicines or tests your doctor orders.

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## Recommended Vaccinations for Children\*

These vaccinations are all provided free of charge through ParTNers for Health.

Age & Vaccination	Date
<b>BIRTH</b> <b>Hep B:</b> First dose of Hepatitis B vaccine (HBV) should be given at birth. It may be given to children up to 18 months old.	
<b>1-2 MONTHS</b> <b>Hep B:</b> Second dose 1 to 2 months after the first dose.	
<b>2 MONTHS</b> <b>DTaP:</b> Diphtheria, tetanus, and acellular pertussis vaccine <b>Hib:</b> Haemophilus influenzae type b vaccine <b>IPV:</b> Inactivated poliovirus vaccine <b>PCV:</b> Pneumococcal conjugate vaccine <b>Rota:</b> Rotavirus vaccine	
<b>4 MONTHS</b> <b>DTaP:</b> 2nd dose	
<b>Hib:</b> 2nd dose	
<b>IPV:</b> 2nd dose	
<b>PCV:</b> 2nd dose	
<b>Rota:</b> 2nd dose	
<b>6 MONTHS</b> <b>DTaP:</b> 3rd dose	
<b>Hib:</b> 3rd dose	
<b>IPV:</b> 3rd dose	
<b>PCV:</b> 3rd dose	
<b>Rota:</b> 3rd dose	
<b>6 MONTHS AND ANNUALLY</b> <b>Seasonal influenza—the “flu shot”</b> The “flu shot” should be given to children older than 6 months. Kids under 9 who get a flu shot for the first time will get two doses, a month apart. It is very important for high-risk kids to receive the seasonal flu shot. High-risk groups include kids with asthma, heart problems, sickle cell anemia, diabetes, and HIV. It can take up to 2 weeks after the shot for the body to build up immunity against the flu.	

Age & Vaccination	Date
<b>6-18 MONTHS</b> <b>Hep B</b> <b>IPV</b>	
<b>12-15 MONTHS</b> <b>Hib</b> <b>MMR:</b> Measles, mumps, and rubella (German measles) vaccine <b>PCV</b> <b>Varicella (chickenpox) vaccine</b>	
<b>12-23 MONTHS</b> <b>Hep A:</b> Hepatitis A vaccine; given as two shots at least 6 months apart.	
<b>15-18 MONTHS</b> <b>DTaP</b>	
<b>4-6 YEARS</b> <b>DTaP</b>	
<b>MMR</b>	
<b>IPV</b>	
<b>Varicella</b>	
<b>11-12 YEARS to 18 YEARS</b> <b>Tdap:</b> Tetanus, diphtheria, and pertussis booster <b>MCV:</b> Meningitis vaccine; should be given to 13- to 18-year-olds who have not yet been vaccinated. Children between the ages of 2 and 10 who have certain chronic illnesses will also need this vaccine, with a booster shot a few years later, depending on when they get their first dose.	

*\*It is important to for your child to stay up-to-date on immunizations. Be sure to check with your doctor about which vaccinations are appropriate for your child. Learn more about child vaccines at: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).*