

**New Jersey Department of Health
CHILD HEALTH CONFERENCE ENCOUNTER RECORD**

(Please write a brief narrative in each space.)

Date: _____

Recent Illness and Medication (Include any injuries and/or hospitalizations)	
Allergies	
Immunization Reactions	
Growth and Development (Include Vision, Hearing, Speech and Language, Behavior)	
24-Hour Food Consumption	
Vitamins (Fluoridated?) _____ Pica? _____ Total Fluids, Snacks _____ Feeding Technique _____	
Sleep	
Elimination Urine (Stream? How many diapers in 24 hours?) _____ BM _____	
Parents' Concerns	
Observations (Include statement about parent/child interaction)	
Topics Discussed (Nutrition, Injury Prevention, Oral Health Care, Etc., and <u>Advice Given</u>)	
Due For	Signature of R.N.
Physical Examination (Use Flow Sheet of CH-2) Abnormal Findings _____ _____ _____ Recommendations (Prescriptions, Referrals, Immunizations) _____ _____ M.D. Signature _____	
Post Counseling	
R.N./L.P.N. Signature _____	
Name	RTC