

Age at Screening \_\_\_\_\_ (months)  
Screening Tool \_\_\_\_\_  
Age of Questionnaire \_\_\_\_\_  
Screened by \_\_\_\_\_  
For Results Contact \_\_\_\_\_  
Suggested Action \_\_\_\_\_



\_\_\_\_\_ 's  
**Growth Passport**

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### Child Information

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Physician \_\_\_\_\_  
Other Programs \_\_\_\_\_

### Additional Information

Hearing Screening \_\_\_\_\_  
Vision Screening \_\_\_\_\_  
Home Safety \_\_\_\_\_  
Car Seat Safety \_\_\_\_\_  
General Health \_\_\_\_\_  
Oral Health \_\_\_\_\_

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