

Pediatric Home Visit Evaluation Checklist

Patient Information

Child's Name

Date of Birth

Caregiver Name

Visit Date

Address

Assessment Checklist

- ☐ Appearance/General Condition
- ☐ Vital Signs Assessed
- ☐ Physical Exam Completed
- ☐ Growth and Nutrition Evaluated
- ☐ Developmental Milestones Assessed
- ☐ Immunization Status Reviewed
- ☐ Home Safety Evaluated
- ☐ Medication Review
- ☐ Equipment/Supplies Checked
- ☐ Family/Caregiver Concerns Addressed
- ☐ Education Provided

Observations/Notes

Recommendations / Follow-Up

Evaluator Name

Evaluator Signature

Date