

Your Child's Health Report Card

Child's Name:

Date:

Body Mass Index (BMI):

Height:

Weight:

BMI Percentile: (current):

BMI Percentile (prior visit):

Below 5th

5th to 85th

85th-94th

Above 95th



Hemoglobin (current):

Hemoglobin (prior visit):

15.9



 Get Healthy! 
Together 

Action Plan

Next WIC appointment:

Please make an appointment with your child's doctor to talk about:

☐

Immunizations

☐

Well Child Care

☐

Oral Health

☐

Hemoglobin

☐

BMI

Goals: *My family health goal is....*

☐

Weight-maintenance for my child:

pounds

☐

TV viewing:

hours per day

☐

Physical Activity:

minutes per day

☐

Family Meals:

meals per week

☐

Fruits & vegetables:

servings per day

☐

Healthy beverages:

servings per day

☐

Healthy portions:

serve "child-sized" portions

Signature:

