

Pediatric Growth Milestone Summary

Date: [Insert Date]

Child's Name: [Insert Child's Name]

Parent/Guardian's Name: [Insert Parent/Guardian's Name]

Date of Birth: [Insert Date of Birth]

Provider's Name: [Insert Provider's Name]

Visit Date: [Insert Visit Date]

Growth Summary

- Height: [Insert Height] cm/in
- Weight: [Insert Weight] kg/lb
- Head Circumference: [Insert Head Circumference] cm/in

Developmental Milestones

Gross Motor Skills:

[Insert Summary of Gross Motor Skills]

Fine Motor Skills:

[Insert Summary of Fine Motor Skills]

Language Skills:

[Insert Summary of Language Skills]

Social/Emotional Development:

[Insert Summary of Social/Emotional Development]

Recommendations

- [Insert Recommendation 1]
- [Insert Recommendation 2]
- [Insert Recommendation 3]

Follow-Up

Please schedule a follow-up appointment in [Insert Time Frame] to monitor progress and discuss further developmental steps.

If you have any questions or concerns, feel free to contact our office at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Insert Provider's Name]

[Insert Provider's Title]