PEDIATRIC GROWTH RECORD

Form Ref: P-GROW-01

Patient Name: _____

Date of Birth: _____

Sex: [ ] M [ ] F

Medical ID: _____

DATE	AGE	WEIGHT (KG/LB)	HEIGHT (CM/IN)	HEAD CIRC.	PERCENTILE
	Birth				
	1 Mo				
	2 Mo				
	4 Mo				
	6 Mo				
	9 Mo				
	12 Mo				
	18 Mo				
	24 Mo				

[GROWTH CURVE VISUAL AREA]

Notes: Percentiles based on WHO/CDC standard growth charts.