GROWTH RECORD

Standardized Pediatric Template

Child's Name: _____

Date of Birth: _____

Physician: _____

Gender: **[ ] M [ ] F**

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

DATE	AGE	WEIGHT (KG/LB)	HEIGHT (CM/IN)	HEAD CIRC.	PERCENTILE
	4 Years				

Observations / Immunization Reminders:

This document is a tracking tool only and does not constitute medical advice.