

HEIGHT/WEIGHT/GROWTH CHART

Typical Healthy/Well Visit Schedule

Name: _____

Birthdate: _____ Blood Type: _____

PKU Result: _____ Hearing Test: _____

	A	<u>Date</u>	<u>Weight</u>
<u>Birth</u>			
<u>1 Week</u>			
<u>1 Month</u>			
<u>2 Months</u>			
<u>4 Months</u>			
<u>6 Months</u>			
<u>9 Months</u>			
<u>12 Months</u>			
<u>15 Months</u>			
<u>18 Months</u>			
<u>2 Years</u>			
<u>2 1/2 Years</u>			
<u>3 Years</u>			
<u>3 1/2 Years</u>			
<u>4 Years</u>			
<u>4 1/2 Years</u>			
<u>5 Years</u>			