

Name				Accompanied by	
Date	MRN	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Preferred Language	

ATTACH LABEL

CAREGIVER CONCERNS/INTERVAL HISTORY:  None

- PAST MEDICAL HISTORY**  Reviewed and updated
- SURGICAL HISTORY**  Reviewed and updated
- FAMILY HISTORY**  Reviewed and updated
- MEDICATIONS**  None  
 Reviewed and updated
- ALLERGIES**  No known drug allergies  
 \_\_\_\_\_

### Risk Assessment

- | HIGH                  | LOW                   |                        |
|-----------------------|-----------------------|------------------------|
| <input type="radio"/> | <input type="radio"/> | Hearing Concerns _____ |
| <input type="radio"/> | <input type="radio"/> | Anemia _____           |
| <input type="radio"/> | <input type="radio"/> | Lead Exposure _____    |
| <input type="radio"/> | <input type="radio"/> | TB _____               |

### DEVELOPMENT:

- | YES                   | NO                    |  |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Calms down within 10 minutes after you leave her             |
| <input type="radio"/> | <input type="radio"/> | Notices other children and joins them to play                |
| <input type="radio"/> | <input type="radio"/> | Asks "who," "what," "where," or "why" questions              |
| <input type="radio"/> | <input type="radio"/> | Says first name, when asked                                  |
| <input type="radio"/> | <input type="radio"/> | Talks well enough for others to understand, most of the time |
| <input type="radio"/> | <input type="radio"/> | Draws a circle, when you show him how                        |
| <input type="radio"/> | <input type="radio"/> | Avoids touching hot objects, like a stove, when you warn her |
| <input type="radio"/> | <input type="radio"/> | Puts on some clothes by himself                              |
| <input type="radio"/> | <input type="radio"/> | Uses a fork  |

Caregiver concerns about development and behavior:

### SOCIAL HISTORY:

- Reviewed and updated
- Lives with:  1 parent  2 parents  Other caregiver
- Others (including siblings):

### FAMILY RISK FACTORS:

Changes in family since last visit:

Caregiver job status:

### Do you need additional assistance with any of the following?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Getting enough to eat | <input type="checkbox"/> Relationships | <input type="checkbox"/> Drug abuse    |
| <input type="checkbox"/> Violence/Abuse        | <input type="checkbox"/> Financial     | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Health Insurance      | <input type="checkbox"/> Child care    | <input type="checkbox"/> Other _____   |

**Nutrition:**  Varied diet, including fruits & vegetables

\_\_\_\_\_

Iron-rich food  Yes  No \_\_\_\_\_

Milk \_\_\_\_\_ oz/day (up to 16 oz/day)  
 whole  2%  skim  other \_\_\_\_\_

Water in a cup \_\_\_\_\_ (8-32oz/day)

Juice \_\_\_\_\_ oz/day (limit to 4oz/day or none)

Other liquids \_\_\_\_\_

**Water Source:**  City tap  Filtered/bottled  
 Well: regularly tested?  Yes  No

**Dental:**  Twice daily oral health care \_\_\_\_\_  
 Has had a dental visit \_\_\_\_\_  
 Fluoride in water at home \_\_\_\_\_  
 Fluoride varnish in the last 3 mos.  Yes  No

**Elimination:** YES NO  
  Soft, easy to pass BMs \_\_\_\_\_  
  Issues with constipation \_\_\_\_\_  
  Normal urine stream \_\_\_\_\_

**Sleep:** YES NO  
  Total sleep hours including nap time \_\_\_\_\_  
  Put to bed awake at night and naps \_\_\_\_\_  
 Snoring  
 occasional  
 more than three days/week (high risk for sleep apnea)

**PHYSICAL EXAMINATION**

Height _____ cm		Weight _____ Kg ( _____ %ile)		BMI _____ kg/m2	
<b>VITALS:</b>	Temp: _____	BP ____/____	HR: _____	Resp Rate: _____	SpO2 _____
Vision Screen:	Left: _____	Right: _____	Bilateral: _____		

**Normal examination findings below. Describe other findings in the area provided.**

**General:** Well appearing, active, and alert. \_\_\_\_\_

**Head:** Normocephalic and atraumatic. Anterior fontanelle open and flat. \_\_\_\_\_

**Eyes:** Red reflex, present bilaterally. Pupils equal, round, and reactive to light. No discharge. \_\_\_\_\_

**ENT:** No ear deformities. Normal external canals. Tympanic membranes clear bilaterally. Nares patent. \_\_\_\_\_

**Mouth:** No oral lesions. Normal dentition. \_\_\_\_\_

**Neck:** Supple, with full range of motion. \_\_\_\_\_

**Cardiovascular:** Regular rate and rhythm. Heart sounds S1, S2 normal. No murmur. \_\_\_\_\_

**Chest:** No increased work of breathing. Clear and symmetric breath sounds bilaterally. \_\_\_\_\_

**Abdomen:** Soft, non-distended, no masses, no hepatosplenomegaly. \_\_\_\_\_

**Genitourinary:**

Normal female external genitalia. \_\_\_\_\_

Normal male external genitalia. Testes descended bilaterally, no scrotal swelling, no inguinal hernia. \_\_\_\_\_

**Musculoskeletal:** Spine normal. Moves all extremities symmetrically. \_\_\_\_\_

**Neurological:** Normal strength and tone. \_\_\_\_\_

**Skin:** Normal color. No lesions. \_\_\_\_\_

Birthmarks (if applicable) \_\_\_\_\_

Other comments:

ATTACH LABEL

**ANTICIPATORY GUIDANCE:**

**FAMILY WELL-BEING:**

- All caregivers consistent in discipline; show respect, reinforce limits
- Encourage family activity and involve child in choices
- Show affection; teach expression and handling of feelings
- Don't allow aggressive behavior
- Teach sharing and taking turns

**FAMILY NUTRITION/ORAL HEALTH:**

- Offer variety of healthy foods, low-fat dairy products
- Avoid junk food; no soda
- Daily family meals are important
- Assist in brushing teeth twice daily until 7-8 years
- Dental visits twice yearly

**BEHAVIOR:**

- Play opportunities outside of home; discuss child's experiences
- Read wherever you go, not just books (signs, etc)
- Let child tell part of stories
- Encourage child's questions and give simple direct answers
- Expect & encourage fantasy play and interactive games
- Limit screen time to 1 hour /day. Monitor, discuss inappropriate behaviors even in cartoons. NO TV or DVD in bedroom.
- Expect normal curiosity with genitals. Use correct terms and answer questions. Explain certain body parts are private.
- Discuss community programs, preschool, Head Start

**SAFETY:**

- Safety seat or booster with 5-pt harness for as long as possible, up to the highest weight or height allowed by car seat manufacturer; in back seat until 12 years
- Child Safety Seat Inspection Center: [seatcheck.org](http://seatcheck.org) or 1- 866-732-8243
- Constant supervision, including near playgrounds, windows, water, pets, driveways, strangers, and streets
- Review guns, fire/carbon monoxide safety
- If smoking exposure: discuss quitting, limit exposure

**ASSESSMENT**

**Well Child Exam**

- Normal findings  
(normal interval growth, age appropriate development)
- Abnormal findings \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLAN OF CARE** (see Anticipatory Guidance)

**Immunizations:**

- Vaccine Information Statements Given
- Vaccine counseling given
- Vaccines due:  Influenza  COVID-19
- Catch-up vaccinations given
  - MMR  Polio
  - Pneumococcal  Hib
  - Varicella  Hep A
  - DTaP  Hep B

- High risk:  MenACWY-CRM (Menveo) ≥2 mos  
 MenACWY-D (Menactra) ≥9 mos  
 PPSV23 ≥2 yrs

Past adverse reactions to immunizations:

- No  Yes \_\_\_\_\_

**See current guidelines:** <https://www.cdc.gov/vaccines/index.html>

**Fluoride Varnish**

- If teeth are erupted, apply fluoride in the office if not done elsewhere in the last 3 months \_\_\_\_\_

**LAB if indicated:**  Lead  Hb or Hct  
 other \_\_\_\_\_

**Developmental Follow-up:**  
 No delays  Follow-up in office  Referral

**1st Five Healthy Mental Development Initiative:** In available counties contact 1st Five for developmental concerns or needs assessment at [idph.iowa.gov/1stfive](http://idph.iowa.gov/1stfive)

**5-2-1-0:** Healthy choices framework. For more information: [iowahealthieststate.com/resources/individuals/5210/](http://iowahealthieststate.com/resources/individuals/5210/)

**Healthy Families Line:** For assistance with care coordination, transportation, or health information for children birth through age 21, call (800) 369-2229

**Area Education Agencies:** For development or educational concerns contact your local AEA. [www.iowaaea.org/](http://www.iowaaea.org/)

**Return appointment:**

- Follow-up in 12 months \_\_\_\_\_
- Other/referral based on risk assessment \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTES**

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