

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  
 \_\_\_\_\_

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

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

Milk \_\_\_\_\_ oz/day (up to 20 oz/day)  
 whole  2%  skim  other \_\_\_\_\_

Water in a cup \_\_\_\_\_ (12-40 oz/day)

Juice \_\_\_\_\_ oz/day (4-6 oz/day)

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

**Water**  City tap  Filtered/bottled

**Source:**  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)

### Risk Assessment

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

### DEVELOPMENT:

- |                       |                       |  |
|-----------------------|-----------------------|--|
| <b>YES</b>            | <b>NO</b>             |  |
| <input type="radio"/> | <input type="radio"/> | Pretends to be something else during play (teacher, superhero, dog)            |
| <input type="radio"/> | <input type="radio"/> | Asks to go play with children if none are around                               |
| <input type="radio"/> | <input type="radio"/> | Changes behavior based on where she is (place of worship, library, playground) |
| <input type="radio"/> | <input type="radio"/> | Says sentences with four or more words   |
| <input type="radio"/> | <input type="radio"/> | Says some words from a song, story, or nursery rhyme                           |
| <input type="radio"/> | <input type="radio"/> | Talks about at least one thing that happened during his day                    |
| <input type="radio"/> | <input type="radio"/> | Answers simple questions   |
| <input type="radio"/> | <input type="radio"/> | Names a few colors of items  |
| <input type="radio"/> | <input type="radio"/> | Draws a person with three or more body parts                                   |
| <input type="radio"/> | <input type="radio"/> | Catches a large ball most of the time  |
| <input type="radio"/> | <input type="radio"/> | Serves himself food or pours water, with adult supervision                     |
| <input type="radio"/> | <input type="radio"/> | Unbuttons some buttons   |
| <input type="radio"/> | <input type="radio"/> | Holds crayon or pencil between fingers and thumb (not a fist)                  |

**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 _____   |

**PHYSICAL EXAMINATION**

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

- Limit screen time < 2 hours per day—Monitor programming
- No TV or DVD in bedrooms
- Family physical and educational activities—museums, zoos, community projects
- Structure quiet bed time routine; read or tell stories

**FAMILY NUTRITION/ORAL HEALTH:**

- 5+ fruits & vegetables, 3+ low-fat milk/dairy, limit junk food, NO soft drinks
- Model good eating habits, family meal
- Brush twice daily with Fluoride toothpaste, have family dental home

**BEHAVIOR:**

- Discuss feelings and experiences, praise when sensitive to others' feelings
- Observe child's interactions with peers, offer suggestions, and model appropriate actions
- Encourage and ask questions—respond with short, simple, factual answers
- Set appropriate limits, praise good behavior and accomplishments
- Assign simple chores (picking up toys, setting table)
- Structured learning/play opportunities- preschool, playgroups, Sunday school, etc
- Teach child correct terms regarding bodies, explain privacy, discuss "rules of behavior" regarding adults

**SAFETY:**

- Teach safety with adults - No adult should: tell child to keep secrets from parents; express interest in private; ask child for help with private parts
- Review matches, lighters, guns
- Teach pet, neighborhood, street, stranger safety, but **supervise** all activity near streets and driveways
- Swimming lessons don't guarantee safety, keep within arms' length
- If smoking in home: discuss quitting, limiting 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  DTaP  Varicella  
 MMR  Polio  COVID-19
- Catch-up vaccinations given
  - Pneumococcal  Hep A
  - Hib  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  TB  
 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH LABEL

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

**NOTES**

[Empty rectangular box for notes]

ATTACH LABEL