EPSDT-Iowa Child Health and Development Record

6 Year Well Exam

Name				Accompanied by
Date	MRN	Date of Birth	Sex ❍ M ❍ 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 _____ (three servings per day)
❑whole ❑ 2% ❑ skim ❑other_____
❑ Water _____
❑ Juice _____oz/day
❑ Other liquids _____

Dental: ❑ Twice daily oral health care _____
❑ Has had twice yearly dental visit _____
❑ Fluoride in water at home _____

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

HIGH	LOW	
❍	❍	Anemia _____
❍	❍	TB _____
❍	❍	Lead Exposure_____
❍	❍	Dyslipidemia Risk _____

DEVELOPMENT:

YES	NO	
❍	❍	Early reading
❍	❍	Dry day and night
❍	❍	Counts 10 or more objects
❍	❍	Tells a story
❍	❍	Draws a person with 12 body parts
❍	❍	Writes name
❍	❍	Hops on one foot
❍	❍	Initiates conversation with friends
❍	❍	Plays well with at least one friend
❍	❍	Able to ride a bike

Caregiver concerns about development and behavior:

SCHOOL

School Grade:_____ Favorite subject/activity:_____
Concerns about school experience: ❍ Yes ❍ No _____
Extra education services through the school: ❍ Yes ❍ No _____
Activities outside of school:_____
Peer relations: ❑ Good ❑ Okay ❑ Poor

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:

ATTENDS: ❑ Preschool ❑ Kindergarten

Do you need additional assistance with any of the following?

☐ Getting enough to eat ☐ Relationships ☐ Drug abuse
☐ Violence/Abuse ☐ Financial ☐ Alcohol abuse

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PHYSICAL EXAMINATION

Height_____cm		Weight_____Kg		BMI _____kg/m2	
VITALS:	Temp: _____	BP ___/___ ____/___%ile	HR: _____	Resp Rate: _____	SpO_2 _____
Hearing Screen:	Left: (pass/fail)	Right: (pass/fail)			
Vision Screen:	Left: _____	Right: _____	Bilateral: _____		

Normal examinination findings below. Describe other findings in the area provided.

General: Well appearing, active, and alert. _____

Head: Normocephalic and atraumatic. _____

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. Normal appearing external anus._____

Genitourinary:

- ❑ Normal female external genitalia. _____
- ❑ Normal male external genitalia. Testes descended bilaterally, no scrotal swelling. _____

Musculoskeletal: Spine normal. Moves all extremities symmetrically.

_____

Neurological: Normal strength and tone. _____

Skin: Normal color. No lesions. _____

Other comments:

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ANTICIPATORY GUIDANCE:

FAMILY WELL-BEING:

- ❑ Family fitness; limit screen time <2h, monitor content.
- ❑ Show affection in the family & model respect for all people.
- ❑ Discuss anger management, praise efforts for self-control.
- ❑ Family meals, maintain bedtime routine, including reading.
- ❑ Family rules, chores; Praise accomplishments.

NUTRITION/OBESITY PREVENTION/ORAL HEALTH:

- ❑ Ensure good breakfast at home or at school.
- ❑ Balanced diet – fruits/veget, whole grains, healthy snacks
- ❑ Observe brushing, help floss. Dental exams every 6 months

BEHAVIOR/DEVELOPMENT/SCHOOL:

- ❑ School: talk about new experiences, friends, activities, possibility of bullying, or kids being "mean".
- ❑ Visit school & playground, meet teacher
- ❑ Clearly state expectations and consequences–no threats, but consistently follow through with consequences
- ❑ Encourage child to make choices. Listen to child respectfully – will help in developing autonomy, independence
- ❑ Answer child's questions about sex, drugs in a straightforward manner with as much or as little info as child needs

SAFETY:

- ❑ All wheeled activity requires wearing a well-fitting helmet.
- ❑ Booster seat in back seat. until ~4'9" tall, shoulder strap across shoulder, not neck, can bend at knees while sitting against seat back
- ❑ Teach home and emergency phone numbers, home address; home fire escape plan.
- ❑ Teach safety with adults - NO adult should:
  - tell child to keep secrets from parents
  - express interest in private parts
  - ask child for help with private parts
- ❑ 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 ❑ COVID-19
- ❑ Catch-up vaccinations given
  - ❑ Hep A ❑ Varicella
  - ❑ Hep B ❑ DTaP
  - ❑ MMR ❑ Polio

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

LAB if indicated: ❑ Lead ❑ Hb or Hct ❑ Lipid Screening
❑ other _____

❑ **TB testing if high risk** _____

Developmental Follow-up:

❑ No delays ❑ Follow-up in office ❑ Referral

5-2-1-0: Healthy choices framework. For more information: 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/

Return appointment:

- ❑ Follow-up in 12 months _____
- ❑ Other/referral based on risk assessment _____

_____

_____

_____

Signature _____ Date _____

ATTACH LABEL

NOTES

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