

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 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)

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

Calms down within 10 minutes after you leave her

Notices other children and joins them to play

Asks "who," "what," "where," or "why" questions

Says first name, when asked

Talks well enough for others to understand, most of the time

Draws a circle, when you show him how

Avoids touching hot objects, like a stove, when you warn her

Puts on some clothes by himself

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 _____ |

PHYSICAL EXAMINATION

Height _____ cm		Weight _____ Kg (_____ %ile)		BMI _____ kg/m2	
VITALS:	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:

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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 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

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 _____

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Signature _____ Date _____

NOTES

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