

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 No _____

Milk _____ (three 8 oz servings per day).

Sugar sweetened beverages including sports drinks and soda _____ servings per day

Dental: Twice daily oral health care _____

Has had twice yearly dental visit _____

Fluoride in water at home _____

Fluoride varnish in the last 6 mos. Yes No

Elimination: YES NO

Soft, easy to pass BMs _____

Issues with constipation _____

Normal urine stream _____

Voiding concerns _____

Sleep: Sleep concerns Yes No

Snoring Yes No

occasional

more than three days/week
(high risk for sleep apnea)

Risk Assessment

HIGH LOW

TB _____

Anemia _____

Dyslipidemia Risk _____

DEVELOPMENT

YES NO

Chores or responsibilities at home

Clear rules and expectations at home

Ability to get along with others

Controls emotions

Frequently has worries

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:

Do you need additional assistance with any of the following?

Getting enough to eat Relationships Drug abuse

Violence/Abuse Financial Alcohol abuse

Health Insurance Child care

Other _____

PHYSICAL EXAMINATION

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

Normal examination findings are listed 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, no inguinal hernia _____

Sexual Maturity Rating (Tanner Staging):

Female: Breast development SMR _____, pubic hair SMR _____

Male: Testicular development SMR _____, pubic hair SMR _____

Musculoskeletal: Spine normal. Moves all extremities symmetrically. _____

Neurological: Normal strength and tone. _____

Skin: Normal color. No lesions. _____

Other comments:

ATTACH LABEL

ANTICIPATORY GUIDANCE:

FAMILY WELL-BEING:

- Family outings, family meal, positive interactions, individual undivided attention
- Media limitation, monitor content—help become “media literate” by watching with children and commenting on messages, less than 2 hours of screen time daily
- Household chores, responsibilities for all

NUTRITION/OBESITY PREVENTION/ORAL HEALTH:

- Be sure has healthy breakfast (3 meals per day); healthy snacks.
- No soda, <8 oz juice; >2 cups skim milk (or low-fat daily)
- Observe twice daily brushing, help floss, Dental exams every 6 months
- Mouth guard with contact sports

BEHAVIOR/DEVELOPMENT/SCHOOL:

- Discuss school, activities, interests, friends. Any bullying?
- Talk about feelings, worries
- Encourage competence/independence
- Discuss puberty at home with your child
- Answer child’s questions about sex, drugs simply with as much or as little info as child needs

SAFETY:

- Booster seat until ~4’9” tall, shoulder strap across shoulder-not neck, can bend at knees while sitting against seat back
- ALWAYS wear helmet with wheeled activities.
- Teach danger of driveways. Still shouldn’t ride alone in street
- Know child’s friends and families, agree on supervision
- Fire safety-family escape plan, practice it. Water safety-learning how to swim does NOT insure safety; sunscreen
- Stranger safety—don’t answer phone, door alone; before and after school supervision
- Gun safety (including BB guns)
- If smoking in home: discuss quitting, limiting exposure
- 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
- Know about your child’s Internet use, implement rules for the Internet, and install safety filters

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
- Catch-up vaccinations given
 - Hep A Polio
 - Hep B TDaP
 - MMR Varicella

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

Past adverse reactions to immunizations:

- No Yes _____

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

- LAB if high risk:** Lipid Panel Hb or Hct TB
 other _____

Area Education Agencies: For development or educational concerns contact your local AEA. <http://www.iowaaea.org/>

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

Return appointment:

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

Signature _____ Date _____

ATTACH LABEL

NOTES

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