

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 _____

ATTACH LABEL

Signature _____ Date _____

NOTES

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