

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 \_\_\_\_\_ (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

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

### DEVELOPMENT:

- |                       |                       |                                     |
|-----------------------|-----------------------|-------------------------------------|
| <b>YES</b>            | <b>NO</b>             |                                     |
| <input type="radio"/> | <input type="radio"/> | Early reading                       |
| <input type="radio"/> | <input type="radio"/> | Dry day and night                   |
| <input type="radio"/> | <input type="radio"/> | Counts 10 or more objects           |
| <input type="radio"/> | <input type="radio"/> | Tells a story                       |
| <input type="radio"/> | <input type="radio"/> | Draws a person with 12 body parts   |
| <input type="radio"/> | <input type="radio"/> | Writes name                         |
| <input type="radio"/> | <input type="radio"/> | Hops on one foot                    |
| <input type="radio"/> | <input type="radio"/> | Initiates conversation with friends |
| <input type="radio"/> | <input type="radio"/> | Plays well with at least one friend |
| <input type="radio"/> | <input type="radio"/> | 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?

- |  |  |  |
|--|--|--|
| <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 |

**PHYSICAL EXAMINATION**

Height _____ cm		Weight _____ kg		BMI _____ kg/m <sup>2</sup>	
<b>VITALS:</b>	Temp: _____	BP ____/____ ____/____%ile	HR: _____	Resp Rate: _____	SpO <sub>2</sub> _____
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. \_\_\_\_\_

**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:

ATTACH LABEL

**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/](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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**NOTES**

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