

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**

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

**DEVELOPMENT**

<b>YES</b>	<b>NO</b>	
<input type="radio"/>	<input type="radio"/>	Chores or responsibilities at home
<input type="radio"/>	<input type="radio"/>	Clear rules and expectations at home
<input type="radio"/>	<input type="radio"/>	Ability to get along with others
<input type="radio"/>	<input type="radio"/>	Controls emotions
<input type="radio"/>	<input type="radio"/>	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)	
<b>VITALS:</b>	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/](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

**Return appointment:**

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

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

**NOTES**

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