

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 20 oz/day)
 whole 2% skim other _____

Water in a cup _____ (12-40 oz/day)

Juice _____ oz/day (4-6 oz/day)

Other liquids _____

Water City tap Filtered/bottled

Source: 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"/> | Dyslipidemia _____ |
| <input type="radio"/> | <input type="radio"/> | Lead Exposure _____ |
| <input type="radio"/> | <input type="radio"/> | TB _____ |
| <input type="radio"/> | <input type="radio"/> | Anemia _____ |

DEVELOPMENT:

- | | | |
|-----------------------|-----------------------|---|
| YES | NO | |
| <input type="radio"/> | <input type="radio"/> | Pretends to be something else during play
(teacher, superhero, dog) |
| <input type="radio"/> | <input type="radio"/> | Asks to go play with children if none are around |
| <input type="radio"/> | <input type="radio"/> | Changes behavior based on where she is
(place of worship, library, playground) |
| <input type="radio"/> | <input type="radio"/> | Says sentences with four or more words |
| <input type="radio"/> | <input type="radio"/> | Says some words from a song, story, or nursery rhyme |
| <input type="radio"/> | <input type="radio"/> | Talks about at least one thing that happened during
his day |
| <input type="radio"/> | <input type="radio"/> | Answers simple questions |
| <input type="radio"/> | <input type="radio"/> | Names a few colors of items |
| <input type="radio"/> | <input type="radio"/> | Draws a person with three or more body parts |
| <input type="radio"/> | <input type="radio"/> | Catches a large ball most of the time |
| <input type="radio"/> | <input type="radio"/> | Serves himself food or pours water, with adult
supervision |
| <input type="radio"/> | <input type="radio"/> | Unbuttons some buttons |
| <input type="radio"/> | <input type="radio"/> | Holds crayon or pencil between fingers and thumb
(not a fist) |

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 ____/____ ____/____%ile	HR: _____	Resp Rate: _____	SpO2 _____
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. 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:

ATTACH LABEL

ANTICIPATORY GUIDANCE:

FAMILY WELL-BEING:

- Limit screen time < 2 hours per day—Monitor programming
- No TV or DVD in bedrooms
- Family physical and educational activities—museums, zoos, community projects
- Structure quiet bed time routine; read or tell stories

FAMILY NUTRITION/ORAL HEALTH:

- 5+ fruits & vegetables, 3+ low-fat milk/dairy, limit junk food, NO soft drinks
- Model good eating habits, family meal
- Brush twice daily with Fluoride toothpaste, have family dental home

BEHAVIOR:

- Discuss feelings and experiences, praise when sensitive to others' feelings
- Observe child's interactions with peers, offer suggestions, and model appropriate actions
- Encourage and ask questions—respond with short, simple, factual answers
- Set appropriate limits, praise good behavior and accomplishments
- Assign simple chores (picking up toys, setting table)
- Structured learning/play opportunities- preschool, playgroups, Sunday school, etc
- Teach child correct terms regarding bodies, explain privacy, discuss "rules of behavior" regarding adults

SAFETY:

- Teach safety with adults - No adult should: tell child to keep secrets from parents; express interest in private; ask child for help with private parts
- Review matches, lighters, guns
- Teach pet, neighborhood, street, stranger safety, but **supervise** all activity near streets and driveways
- Swimming lessons don't guarantee safety, keep within arms' length
- 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 DTaP Varicella
 MMR Polio COVID-19
- Catch-up vaccinations given
 - Pneumococcal Hep A
 - Hib 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 TB
 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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