

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 (up to 6 oz/day)

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"/>	Lead Exposure _____
<input type="radio"/>	<input type="radio"/>	TB _____
<input type="radio"/>	<input type="radio"/>	Anemia _____

### DEVELOPMENT:

- YES NO
- Follows rules or takes turns when playing games with other children
  - Sings, dances, or acts for you
  - Does simple chores at home
  - Tells a story she heard or made up with at least two events
  - Answers simple questions about a book or story after you read or tell it to him
  - Talks about at least one thing that happened during his day
  - Keeps a conversation going with more than three back-and-forth exchanges
  - Counts to 10
  - Pays attention for 5 to 10 minutes during activities
  - Writes some letters in her name
  - Names some letters when you point to them
  - Buttons some buttons
  - Hops on one foot

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?

- Getting enough to eat
- Relationships
- Drug abuse
- Violence/Abuse
- Financial
- Alcohol abuse
- Health Insurance
- Child care
- Other \_\_\_\_\_

**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. 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:**

- Promote physical activity; limit screen time <2h, monitor content
- Show affection in the family; model respect for all people
- Discuss anger and anger management.  
Praise efforts for self-control.
- Family meals; maintain bedtime routine, including reading
- Have family rules, chores; praise accomplishments, establish consequences for not following rules

**NUTRITION/OBESITY PREVENTION/ORAL HEALTH:**

- Ensure good breakfast at home or at school
- Balanced diet, healthy choices for snacks
- Observe good hygiene, hand-washing
- Supervise brushing, help with flossing
- Dental exams every 6 months

**BEHAVIOR / DEVELOPMENT / SCHOOL READINESS:**

- Talk about new experiences, friends, activities
- Visit school & playground, meet teacher
- Discuss possibility of bullying, or kids being "mean"

**SAFETY:**

- Not yet ready to monitor own street crossing or safety
- School bus safety and rules
- All wheeled activities require wearing a well-fitted helmet: biking, skating, skateboarding, and scooters
- Booster seat in back seat
- Teach home and emergency phone numbers, home address; home fire escape plan
- Teach safety with private parts - No one should:
  - Express interest in private parts
  - Ask child for help with private parts
- No one should tell child to keep secrets from parents
- 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  Covid-19  Polio
- Catch-up vaccinations given
  - Hep A
  - Hep B
- High risk:  MenACWY-CRM (Menveo) ≥2 mos  
 MenACWY-D (Menactra) ≥9 mos  
 PPSV23 ≥2 yrs  
 Pneumococcal  
 Hib

**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](http://idph.iowa.gov/1stfive)

**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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH LABEL

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

**NOTES**

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