

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 _____

Voiding concerns _____

Sleep: Sleep concerns Yes No

Snoring
 occasional
 more than three days/week
 (high risk for sleep apnea)

Risk Assessment

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

DEVELOPMENT

- | | | |
|-----------------------|-----------------------|--------------------------------------|
| YES | NO | |
| <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?

- | | | |
|--|--|--|
| <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 (____%ile)	Weight _____ Kg (____%ile)		BMI _____ kg/m2 (____%ile)	
VITALS:	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. _____

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 _____, pubic hair _____

Male: Testicular development _____, pubic hair _____

Musculoskeletal: Spine normal. Moves all extremities symmetrically. _____

Neurological: Normal strength and tone. _____

Skin: Normal color. No lesions. _____

Other comments:

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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
- Model admitting mistakes, asking forgiveness, dealing with anger or disagreements

NUTRITION/OBESITY PREVENTION/ORAL HEALTH:

- 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; needs quiet space for homework
- Discuss puberty, increase in personal hygiene
- Discuss tobacco, alcohol, other drugs
- Consistent expectations and consequences, balanced with plenty of affection and positive reinforcement.
- Expect some early adolescent behavior—challenges to rules, conflicts over independence, refusal to participate with family

SAFETY:

- Helmet and other protective sports equipment—Pedestrian street safety
- Know friends & their families, continue to need supervision
- Make plan for personal safety if feels unsafe
- Stranger safety—don’t answer phone, door alone; before and after school supervision
- Fire safety-family escape plan, practice it. Water safety-learning how to swim does NOT insure safety; sunscreen
- Gun safety (including BB guns)
- Check smoke & CO detectors regularly
- 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
- Begin talking about sex in a healthy manner with appropriate terminology

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 MMR Varicella
 - Hep B Polio Flu
 - HPV TDaP

- 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>

Universal lipid screening between 9-11 years of age

- HDL and total cholesterol (low risk)
 - Fasting lipid panel (high risk)
- 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/

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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