

WELL CHILD EXAM-EARLY CHILDHOOD: 5 Year

DATE

PATIENT NAME			DOB		SEX		PARENT NAME				
Allergies						Current Medications					
Prenatal/Family History						Chief Complaint(s)					
Weight	Percentile	Length	Percentile	BMI	Percentile	Temp.	Pulse	Resp.	BP		
	%		%		%						

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition

Grains _____ servings per day

Fruit/Vegetables _____ servings per day

Whole Milk _____ servings per day

Meat/Beans _____ servings per day

City water Well water Bottled water

Elimination Normal Abnormal

Exercise Assessment

Physical Activity: _____ minutes per day

Sleep

Normal (8 – 12 hours) Abnormal

Additional area for comments on page 2

Screening and Procedures:

Urinalysis (Required for Medicaid)

Hearing Screening audiometry

Parental observation/concerns

Vision Visual acuity

_____ R _____ L _____ Both

Parental observation/concerns

Developmental Surveillance

Social-Emotional Communicative

Cognitive Physical Development

Psychosocial/Behavioral Assessment

Y N

Screening for Abuse Y N

If Risk:

IPPD _____ (result)

Hct or Hgb _____ (result)

If not previously tested:

Lead level _____ mcg/dl (required for Medicaid)

Labs _____

Immunizations:

Immunizations Reviewed, Given & Charted
– if not given, document rationale
(Refer to AAP Guidelines)

Impactsis (OH registry) updated

Acetaminophen _____ mg. q. 4 hours

Patient Unclothed Y N

Review of Systems		Physical Exam		Systems
N	A	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

Abnormal Findings and Comments

(see additional note area on next page)

Results of visit discussed with child/parent

Y N

Plan

History/Problem List/Meds Updated

Referrals

Children Special Health Care Needs

Transportation Help Me Grow

Dentist

Other _____

Other _____

Anticipatory Guidance/Health Education
(√ if discussed)

Safety

Teach child to wash hands, wipe nose w/tissue

Working smoke detectors/fire escape plan

Appropriate booster seat placed in back seat

Carbon monoxide detectors/alarms

Pool/tub/water safety – swimming lessons

Use bike/skating helmet

Supervise near pets, mowers, driveways, streets

Gun safety

Childproof home - (matches, poisons, cigarettes, cleaners, medicines, knives)

Nutrition/physical activity

Provide a healthy breakfast every morning

Family meals

Offer variety of healthy foods and include 5 servings of fruits & veggies every day

Limit TV, video, and computer games

Physical activity & adequate sleep

Oral Health

Schedule dental appointment

Supervise tooth brushing

Discuss flossing, fluoride, sealants

Child Development and Behavior

Establish routines and traditions

Explain good touch/bad touch and that certain body parts are private

Reinforce limits, provide choices

Simple household tasks & responsibilities

Praise good behavior and actions

Family Rules/Respect/Right from wrong

Encourage expression of feelings

Family Support and Relationships

Listen/respect/show interest in activities

Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

Discuss community and recreational programs, school, and after school care

Volunteer and become involved with school

Meet your child's school teachers

Next Well Check: 6 years of age
Developmental Questions and Observations
on Page 2

Provider Signature: _____

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Developmental Questions and Observations

Ask the parent to respond to the following statements about the child:

Yes No

 Please tell me any concerns about the way your child is behaving or developing

- My child does what I ask them to do most of the time.
- My child says positive things about themselves.
- My child shows an ability to understand the feelings of others.
- My child can tell a story using full sentences.
- My child follows simple directions.
- My child can recognize most letters and is able to print some letters.
- My child can balance on one foot.

Ask the parent to respond to the following statements:

Yes No

- I have people I can turn to when I have questions or need help.
- I feel good about my child starting school.
- I am sad more often than I am happy.
- I feel confident in parenting.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used _____).

Child Development			Parent Development		
Dresses without supervision	Yes	No	Appropriately disciplines child	Yes	No
Skips and hops	Yes	No	Parent is loving toward child	Yes	No
Draws a person with head, body, arms and legs	Yes	No	Positively talks, listens, and responds to child.	Yes	No
Appears unusually fearful, anxious or withdrawn	Yes	No	Parent uses words to tell child what is coming next	Yes	No
Aggressive or destructive behavior that threatens harms or damages people, animals or property	Yes	No	Parent encourages child to speak for him or her self, share ideas, wants and needs.	Yes	No
Displays negativity, low self-esteem, or extreme dependence	Yes	No			

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature: _____ Provider Signature: _____

Your Child's Health at 5 Years

Milestones

Ways your child is developing between 5 and 6 years of age.

- Recognizes her own printed name
- May form special groups of friends and may be jealous of others
- Takes turns
- Feels proud of himself and his accomplishments
- Helps with family chores
- Able to follow rules at home and school and respect authority
- Beginning to learn rules for simple games
- Riding a bicycle and learning to swim

For Help or More Information:

Social Support Services: Contact the local county Department of Job and Family Services Healthchek Coordinator

Child sexual abuse, physical abuse, information and support:

- Childhelp National Child Abuse Hotline 1-800-4-A-CHILD (1-800-422-4453) or online at www.childhelp.org

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

Safe Gun Storage Information:

Call 1-202-662-0600 or go to www.safekids.org.

Poison Prevention:

Call the Poison Control Center at 1-800-222-1222

Parenting skills or support:

Call Cooperative Extension for classes-614. 688.5378

For help teaching your child about fire safety:

Talk with firefighters at your local fire station

Health Tips:

Continue to take your child for a check-up each year with a doctor or nurse.

Your child will still need you to help get all of her teeth brushed well. Make sure to take her for a dental check-up at least once a year.

Parenting Tips:

Eat together as often as possible. Turn off the TV and the phone, and enjoy each other.

Listen when your child talks to you. Look at him and pay attention. Then answer or ask about his ideas. Let him know that what he thinks and says is important to you.

Talk with your child about how to avoid sexual abuse. Teach your child about privacy and teach that adults shouldn't ask her to keep secrets from you or show their private parts or ask to see your child's private parts. Tell your child she should say "no" and that she should tell you if anyone tries to harm her.

Limit TV or computer time so your child also has time for books and active play. Read storybooks with him daily. Take your child outside often to play.

Help your child feel good about herself and others:

- Praise your child every day
- Be clear about behaviors that are okay or not okay
- Help your child use words when she is feeling upset instead of hitting, kicking, biting or saying mean things
- Talk to your child about why teasing other children is wrong and what she should do instead

If you feel very mad or frustrated with your child:

1. Make sure your child is in a safe place and walk away.
2. Call a friend to talk about what you are feeling.
3. Call Cooperative Extension for classes-614. 688.5378
4. Call 800.448.3000 or visit Boystown Parenting Hotline at (<http://www.parenting.org/hotline/index.asp>). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

Booster car seats are for big kids! Use a booster in the back seat with lap/shoulder belts.

Your child should always wear a lifejacket around water, even after he has learned to swim.

Always watch your child closely when she is near the street. Children are not ready to ride bikes safely on streets or cross streets without an adult until they reach at least age 9. Your child is not old enough to always behave safely around vehicles.

Teach your child to never touch a gun. If he finds one, he should tell an adult right away. Make sure any guns in your home are unloaded and locked up.