

Well Child Exam



Toddler: 4 years

| | | | | | | | | | |
|-------------------------|------------|--------|------------|---------------------|------------|-------------|-------|-------|----|
| Date | | | | | | | | | |
| Patient name | | | DOB | | Sex | Parent name | | | |
| Allergies | | | | Current medications | | | | | |
| Prenatal/family history | | | | | | Ethnicity | | | |
| Weight | Percentile | Height | 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
 Vegetables _____ servings per day
 Fruits _____ servings per day
 Milk _____ servings per day
 Meat/beans _____ servings per day
 City water Well water
 Bottled water Fluoride prescribed

Elimination

Normal Abnormal

Sleep

Normal (8-12 hours) Abnormal
 Abnormal findings and comments
 If yes, see additional note area on next page

Screening

Hearing

Screening audiometry (optional)
 Parental observation/concerns

Vision

Can see small objects Ocular alignment
 Visual acuity ___R ___L ___Both
 Parental observation/concerns

Lead poisoning (if not previously tested)

Test date _____ Lead level _____ mcg/dl
 (required for Medicaid)
 If Risk: IPPD _____ (result)
 Hct or Hgb _____ (result)
 Cholesterol _____ (result)

Immunizations

Immunizations reviewed, given & charted – if not given, document rationale
 MCIR checked/updated VIS given
 Flu if high risk Pneumonia if high risk

WIC Y N

Developmental questions and observations on page 2

Next Well Check: 5 years of age

Provider signature:

Patient unclothed Y N

| Review of symptoms | | 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/rash |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Head/fontanel |
| <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
 If yes, see additional note area on next page

Results of visit discussed with parent Y N

Plan

History/problem list/meds updated
 Referrals
 WIC Early On Transportation
 Children Special Health Care Needs
 Priority Health Case Mgmt 800 998-1037
 Other _____

Anticipatory guidance/health education
 (/ if discussed)

Healthy and safe habits

Teach child to wash hands, wipe nose w/tissue

Injury and illness prevention

Appropriate car seat placed in back seat
 Smoke-free home and car/smoke alarms
 Poison control
 Use bike helmet
 Teach stranger/pedestrian/playground safety
 Childproof home (matches, poisons, guns, cigarettes, cords, cleaners, medicines, knives)
 Gun safety

Nutrition

Limit sweets
 Serve low-fat foods

Oral health

Schedule dental appointment
 Teach child to brush teeth

Sexuality education

Use correct terms, answer questions simply
 Explain good touch/bad touch and that certain body parts are private

Social competence

Reinforce limits, provide choices
 Encourage child to talk about feelings
 Continue to read and sing with your child
 Simple household tasks and responsibilities
 Praise good behavior and accomplishments

Family support and relationships

Listen/respect/show interest in activities
 Eat meals as a family
 Substance abuse, domestic violence, depression

Community interaction

Discuss community programs, preschool, Head Start, parenting groups, after school child care

Physical activity

Assess and counsel on ways to increase activity level

| | | |
|------|--------------|-----|
| Date | Patient Name | DOB |
|------|--------------|-----|

Developmental questions and observations

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

Yes No

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

- My child is learning how to play and share with others.
- My child says positive things about himself/herself.
- My child can tell when others are happy, mad or sad.
- My child enjoys pretend play.
- My child eats a variety of foods.
- My child can sing a song.
- My child can hop on one foot.

Ask the parent to respond to the following statements:

Yes No

- I have people who assist me when I have questions or need help.
- I am enjoying my time with my child.
- I have time for myself, partner and friends.
- I feel safe with my partner.
- 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).

| Child development | | | Parent development | | |
|---|-----|----|--|-----|----|
| Dresses self | Yes | No | Appropriately disciplines child | Yes | No |
| Balances on each foot for 2 seconds | Yes | No | Parent is loving toward child | Yes | No |
| Says first and last name when asked | Yes | No | Positively talks, listens and responds to child | Yes | No |
| Copies a circle | Yes | No | Parent uses words to tell child what is coming next | Yes | No |
| Shows aggressive or destructive behavior that threatens, harms or damages people, animals or property | 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) | | |
| Displays negativity, low self-esteem, or extreme dependence | Yes | No | | | |

Additional notes from pages 1 and 2:

Family history update

Since your last visit, have there been any changes in your family history? Include:

- Deaths: who _____ what age _____
- New medical diagnosis: who _____ what age _____
- Anything else in your family history you have concerns or questions with: (Refer to family history form)

Staff signature: _____ Provider signature: _____

This HME form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Association of Health Plans, and Michigan Association of Local Public Health. Adapted with permission by Priority Health 9/06. Implemented 1997; Last redesign; December 2006.

Patient education:

Toddler: 4 years

Milestones: Ways your child is developing between 4 and 5 years of age

- Counts on fingers, knows some letters, may begin to skip
- Talks about what will happen tomorrow/happened yesterday
- May have special friends, may tease or ignore some children
- Begins to know the difference between right and wrong and telling the truth and lying
- May want to be “just like you” and may want to share in the things you do
- Uses words to solve simple problems and say what he or she is feeling
- Plays dress-up and make-believe with other children

Safety tips

- Booster car seats are for big kids! Use a booster in the back seat with lap/shoulder belts.
- Make sure your child knows his/her address and phone number. Teach them how to call 911 in an emergency and to stay on the line if they have to call for help. Practice with a toy phone.
- Teach your child to stop, drop and roll on the ground if their clothes catch on fire.

Health tips

- Your child will need some “shots” before starting school. Make sure you get them soon - before school starts.
- Offer your child at least five small servings of fruits and vegetables every day. They are very healthy foods and make good snacks. Offer water instead of sweetened drinks. Talk to your child’s doctor about ways to improve healthy eating.
- Help your child get enough sleep so he/she will be happier and will learn easier! Put him/her to bed early so he/she get 10 to 12 hours of sleep at night. Have a bedtime routine to calm your child before going to sleep. Read a story or talk together.
- Each child develops in his or her own way, but you know your child best. If you think he/she is not developing well, you can get a free screening. Call your child’s doctor or nurse if you have questions.
- Your child should be active daily. Turn off the TV and get them moving. Talk to your child’s doctor about ways to increase activity level.

Parenting tips

- Help your child know what to expect by making a calendar of pictures to show activities for the day.
- Children learn best by doing. They need to:
 - Play active games (tag, ball, riding toys, climbing).
 - Play board games and do puzzles.
- Limit television/computer time to less than one hour a day.

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

When you are a parent you will be happy, mad, sad, frustrated, angry, and afraid, at times. This is normal. If you feel very mad or frustrated:

- If you feel very mad or frustrated with your child, make sure your child is in a safe place and walk away.
- Call a friend to talk about what you are feeling.
- Call the free Parent Helpline at 800 942-4357 (in Michigan). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

For help or more information

Priority Health

Customer Service 616 942-1221 or 800 446-5674
 Medicaid 888 975-8102
 Behavioral Health 616 464-8500 or 800 673-8043
priorityhealth.com

Domestic violence

National Domestic Violence Hotline
 800 799-SAFE (7233)

Child Abuse and Neglect Information Hotline

800 942-4357
 Michigan Coalition Against Domestic &
 Sexual Violence, 517 347-7000

Health and nutrition program

Women, Infant, and Children (WIC) Program,
 800 262-4784

Special health care needs

Children Special Health Care Services,
 MDCH Family 800 359-3722

Childhood development

Early On Michigan 800 327-5966
 Michigan Head Start Association 517 374-6472

Parenting skills or support

Parents Hotline 800 942-4357
 Family Support Network of Michigan 800 359-3722

Childcare

Child Care Licensing Agency, Michigan Department
 of Consumer & Industry Services
 517 373-8300

Prevention of Unintentional Childhood Injuries

National Safe Kids Campaign
 Safe Gun Storage Information
 202 662-0600
safekids.org

Fire safety

Talk with firefighters at your local fire station

Car seat and booster safety

Auto Safety Hotline, 888 327-4236

Poison prevention

Call the Poison Control Center
 800 222-1222