

Well Child Exam



Child: 6-10 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 Abnormal

Screening

Hearing

Screening audiometry, if not done previously
 Parental observation/concerns

Vision

Visual acuity ___R ___L ___Both
 Parental observation/concerns

Procedures

If Risk: IPPD _____ (result)
 Hct or Hgb _____ (result)
 Cholesterol _____ (result)
 Diabetes _____ (result)

Immunizations

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

Developmental questions and observations on page 2

Next Well Check: _____ 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

Normal growth and development
 Tanner Stage _____
 Abnormal findings and comments
 If yes, see additional note area on next page

Results of visit discussed with child/parent
 Y N

Plan

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

Anticipatory guidance/health education (✓ if discussed)

Healthy and safe habits

Discuss avoiding alcohol, tobacco, drugs
 Limit TV, video and computer games
 Ensure physical activity and adequate sleep

Injury and illness prevention

Test smoke alarms
 Booster seat/seat belt use
 Keep home and car smoke-free
 Teach outdoor, bike and water safety
 Teach stranger and home safety
 Gun safety
 Consistent rules

Nutrition

Limit sugar and high-fat foods
 Family meals
 Teach nutritious and healthy food choices

Oral health

Schedule dental appointment
 Discuss flossing, fluoride, sealants

Sexuality education

Use age-appropriate books/literature
 Answer questions simply

Social competence

Reinforce limits and family rules
 Praise child and encourage child to talk about feelings, school and friends
 Read with child and listen to child read
 Assign household tasks and responsibilities
 Encourage hobbies and interests
 Spend individual time with child

Family support and relationships

Listen/respect/show interest in child's activities
 Eat meals as a family
 Spend family time together
 Set reasonable but challenging goals
 Encourage positive interaction with siblings, teachers and friends
 Offer constructive ways to handle family conflict and anger; don't allow violence
 Know child's friends and their families

Community interaction

Ask for referrals/resources as needed
 Volunteer and participate in school activities
 Ensure safe and supervised after-school care

Physical activity

Assess and counsel on ways to increase activity level

Date	Patient Name	DOB
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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 toddler is behaving or developing:

- My child has hobbies or interests that he/she enjoys.
- My child follows rules in home, school and the community, most of the time.
- My child's behavior, relationships and school performances are appropriate most of the time.
- My child handles stress, anger, frustration well, most of the time.
- My child eats breakfast every day.
- My child is doing well in school.
- My child talks to me about school, friends and feelings.
- My child seems rested when he/she wakes up.
- My child gets some physical activity every day.

Ask the parent to respond to the following statements:

Yes No

- I know what to do when I am frustrated with my child.
- I enjoy seeing my child become more independent and self-reliant.
- Our family has experienced major stresses and/or changes since our last visit.
- It is harder for me every day to do what my child needs because of the sadness that I feel.

Ask the child to respond to the following statements:

Yes No

- I feel good about my friends and school.
- I know what to do when another child or adult tries to bully me or hurt me.

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		
States phone number and home address	Yes	No	Reading and math are at grade level	Yes	No
Has close friend(s)	Yes	No	Child communicates/expresses self	Yes	No
Child responds to parent and health care provider	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:

_____ S _____

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: _____

Patient education:

Child: 6-10 years

Milestones: Ways your child is developing between 6 and 10 years of age

- Your child should continue to lose baby teeth and get permanent teeth.
- Some girls' breasts will begin to grow between 8 and 10 years of age. Talk with her about her growing body.
- Eight year olds can make their own bed, set the table, and bathe themselves, and grow more independent.
- Help your child learn new skills by talking and playing with them. Make a game of practicing hand signals or saying "No" when a stranger offers them a ride.

Safety tips

- Make sure everyone who rides in the car with you wears their seat belt. Help your child know how to ask to use a seat belt when he/she rides with other drivers.
- Practice family safety in your house: test the smoke alarm and change the batteries when needed; have fire drills and practice crawling under the smoke and ways to get out of the house or building.
- Your child should always wear a life jacket around water, even after he/she has learned to swim.
- Make sure your child wears a helmet when using bikes, skates, inline skates, scooters, and skateboards. Practice safe walking and bike riding. Children are not ready to ride on streets or cross streets without an adult until age 9.
- Teach your child to never touch a gun. If they find one, they should tell an adult right away. Make sure any guns in your home are unloaded and locked up.

Health tips

- Your child will still need you to help get all of their teeth brushed well. Make sure to take your child for a dental check-up at least once a year. Ask about dental sealants.
- You and your child should exercise 20-30 minutes each day. This is an important habit for your child to learn. Talk to your child's doctor about ways to increase activity levels.
- Keep healthy snacks available. Your child needs fruit, vegetables, juice, and whole grains for growth and energy. Talk to your child's doctor about ways to improve healthy eating.
- Be sure to schedule your child's well-child visit between 11-12 years of age. Michigan schools are required by law to assess and report the immunization status of all 6th grade students. Failure to do so requires the school to exclude the child from attendance unless the child is in a dose waiting period.

Parenting tips

- Praise your child when he/she works hard and finishes things. Most children learn by watching and then doing. Show and tell him/her how to do a job. Then have them do it while you watch. Repeat as needed.

- Talk about why children should not use drugs and alcohol. Set a good example for your child.
- Teach your child what to do and not do when angry.
- Eat together as often as possible. Turn off the TV, unplug the phone, and enjoy each other.
- Set limits and tell your child what will happen if he/she doesn't follow rules.
- Teach your child how to deal with peer pressure.
- Encourage your child to join community groups, team sports, and other activities.

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:

- 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

Mental health

Association for Children's Mental Health (ACMH)
 800 226-4543

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

Parenting skills or support

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

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

Poison prevention

Call the Poison Control Center
 800 222-1222