

Well Child Exam



Child: 5 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

Exercise assessment

Physical activity _____ minutes per day

Sleep

Normal (8-12 hours) Abnormal
 Abnormal findings and comments
 Additional area for comments on page 2

Screening

Hearing

Screening audiometry
 Parental observation/concerns

Vision

Can see small objects Ocular alignment
 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

Procedures

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

Immunizations

Immunizations reviewed, given and charted – if not given, document rationale
 MCIR checked/updated VIS given
 Flu if high risk Pneumonia if high risk
 IPV DTaP MMR Influenza
 Varicella or Chicken pox date _____
 Acetaminophen ____ mg. q. 4 hours

Developmental questions and observations on page 2

Patient unclothed Y N

Review of symptoms	Physical exam		Systems
	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes/rash
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<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
 Dental Transportation
 Children Special Health Care Needs
 Priority Health Case Mgmt 800 998-1037
 Other _____

Next Well Check: 6 years of age

Provider signature:
 X _____

Anticipatory guidance/health education
(√ if discussed)

Healthy and safe habits

Teach child to wash hands, wipe nose w/tissue
 Limit TV, video and computer games
 Physical activity and adequate sleep

Injury and illness prevention

Fires/burns/test smoke alarms/fire escape plan
 Appropriate booster seat placed in back seat
 Keep home and car smoke-free
 Pool/tub/water safety - swimming lessons
 Use bike/skating helmet
 Supervise near pets, mowers, driveways, streets
 Limit time in sun, use hat/sunscreen
 Childproof home (matches, poisons, guns, cigarettes, cords, cleaners, medicines, knives)
 Gun safety

Nutrition

Family meals
 Offer variety of healthy foods, let child decide
 Provide a healthy breakfast every morning
 Offer variety of healthy foods and include 5 servings of fruits & veggies every day

Oral health

Schedule dental appointment
 Teach child to brush teeth
 Discuss flossing, fluoride, sealants

Sexuality education

Expect normal curiosity of genitalia and sex
 Explain good touch/bad touch and that certain body parts are private

Social competence

Establish routines and traditions
 Reinforce limits, provide choices
 Continue to read and sing with your child
 Simple household tasks and 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
 Eat meals as a family
 Substance abuse, child abuse, domestic violence prevention depression

Community interaction

Discuss community and recreational programs, school and after school care
 Volunteer and become involved with school
 Meet your child's school teachers

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:

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- My child does what I ask them to do most of the time.
 - My child says positive things about himself/herself.
 - My child shows an ability to understand the feelings of others.
 - My child enjoys pretend play.
 - My child eats a variety of foods.
 - My child can recognize most letters and is able to print some letters.
 - My child can tell a story using full sentences.
 - My child follows simple directions.
 - 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).

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
Shows aggressive or destructive behavior that threatens, harms or damages people, animals or property	Yes	No	Parent encourages child to speak for him or herself, 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:

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: 5 years

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

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

Safety tips

- Booster car seats are for big kids! Use a booster in the back seat with lap/shoulder belts until your child is tall enough for adult seat belts.
- Your child should always wear a life jacket around water, even after he/she has learned to swim.
- Always watch your child closely when he/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/she finds one, he/she should tell an adult right away. Make sure any guns in your home are unloaded and locked up.

Health tips

- Continue to take your child for a check-up each year. After getting all the “shots” needed for school, he/she probably won’t need more “shots” until age 11 or 12.
- Your child will need help brushing his/her teeth well. Make sure to take him/her for a dental check-up at least once a year.
- Healthy eating is important. Talk with your child’s doctor about ways to improve healthy eating.
- Keep your child active. Talk to your child’s doctor about ways to increase activity levels.

Parenting tips

- Eat together as often as possible. Turn off the TV, unplug the phone, and enjoy each other.
- Listen when your child talks to you. Look at him/her and pay attention. Then answer or ask about their ideas. Let him/her know that what they think and say is important to you.
- Talk with your child about how to avoid sexual abuse. Teach him/her 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 him/her they should say “no” and that they should tell you if anyone tries to harm them.
- Limit TV or computer time so your child also has time for books and active play. Read storybooks with him/her daily. Take your child outside often to play.
- 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 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
 - Help your child use words to tell about their feelings

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. Calling does not make you weak; it makes you a good parent.

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), ndvh.org

Child Abuse and Neglect Information Hotline

800 942-4357

Michigan Coalition Against Domestic & Sexual Violence 517 347-7000

or online at mcadsv.org

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

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 202 662-0600 or

usa.safekids.org

Fire safety

Talk with firefighters at your local fire station

Poison prevention

Call the Poison Control Center

800 222-1222 or online at mitoxic.org/pcc