

**Pediatric Health Maintenance Flow Sheet  
5 years – 10 years of age**

Patient's Name \_\_\_\_\_  
Patient's Date of Birth \_\_\_\_\_

Guidelines	5 yr	6 yr	8 yr	10 yr	Anticipatory Guidance/Education
<b>Date</b>					<b>5 YR</b>
History (initial and interim)					<input type="checkbox"/> Seatbelts, Helmets
Immunization Review					<input type="checkbox"/> Firearms
Height and Weight					<input type="checkbox"/> Child abuse
Blood Pressure					<input type="checkbox"/> Telephone #
Hearing Screen					<input type="checkbox"/> Strangers
Vision Screen					<input type="checkbox"/> Chores
Developmental Assess.					<input type="checkbox"/> Junk Food
Dental Inspection					<b>6 YR</b>
Physical Examination					<input type="checkbox"/> Exercise
Anticipatory Guidance					<input type="checkbox"/> Seatbelts, Helmets
Hematocrit/Hemoglobin	*				<input type="checkbox"/> Firearms
Injury Prevention					<input type="checkbox"/> Child Abuse
Interpretive Conference					<input type="checkbox"/> Drowning
Nutritional Assessment					<input type="checkbox"/> Home Rules
Urine Test					<input type="checkbox"/> School Support
Violence Prevention					<input type="checkbox"/> Junk Food
Lead Risk Assessment	●				<b>8 YR</b>
Blood Lead Testing	●				<input type="checkbox"/> Health Habits
Cholesterol Testing	*	*	*	*	<input type="checkbox"/> Seatbelts, Helmets
Diabetes (type 2) Testing				*	<input type="checkbox"/> Firearms
Tuberculin (TB) Test	*	*	*	*	<input type="checkbox"/> Child Abuse
					<input type="checkbox"/> Drowning
					<input type="checkbox"/> Allowance
					<input type="checkbox"/> Praise
					<input type="checkbox"/> Library Card
					<input type="checkbox"/> Drugs, Alcohol, Tobacco
					<b>10 YR</b>
					<input type="checkbox"/> Health Habits
					<input type="checkbox"/> Menarche
					<input type="checkbox"/> TV/Video Limits
					<input type="checkbox"/> Sex education
					<input type="checkbox"/> Drugs, Alcohol, Tobacco
					<input type="checkbox"/> SeatBelts, Helmets

\*High Risk Patients  
●If not performed earlier