

DATE

PATIENT NAME	DOB	SEX	PARENT NAME
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Allergies	Current Medications
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Prenatal/Family History

Weight	Percentile	Height	Percentile	BMI	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

- Elimination**
- Normal
 - Abnormal

- Sleep**
- Normal
 - Abnormal

- Screening:**
- Hearing**
- Screening audiometry
 - Parental observation/concerns

- Vision**
- Can see small objects
 - Ocular alignment
 - Visual acuity
 - _____ R _____ L _____ Both
 - Parental observation/concerns

- Procedures**
- Urinalysis (Required for Medicaid)
- If Risk:*
- IPPD _____ (result)
 - Hct or Hgb _____ (result)
 - Cholesterol _____ (result)
- If not previously tested:*
- Lead level _____ mcg/dl (required for Medicaid)

- Immunizations:**
- Immunizations Reviewed, Given & Charted
- if not given, document rationale
 - MCIR checked/updated

Developmental Questions and Observations on Page 2

Provider Signature: _____

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
- 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
 - Children Special Health Care Needs
 - Dental
 - Transportation
 - Other _____
 - Other _____

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 & adequate sleep

- Injury and Illness Prevention**
- Fires/Burns/test smoke alarms
 - 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

- Nutrition**
- Family meals
 - Offer variety of healthy foods, let child decide

- Oral Health**
- Schedule dental appointment
 - Teach child to brush teeth
 - Discuss flossing, fluoride, sealants

- Sexual Development and Education**
- Expect normal curiosity of genitalia & sex
 - Explain good touch/bad touch and that certain body parts are private

- Social Competence**
- Reinforce limits, provide choices
 - Continue to read and sing with your child
 - 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
 - Eat meals as a family
 - Substance Abuse, Domestic Violence, 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

Next Well Check: 6 years of age

WELL CHILD EXAM-EARLY CHILDHOOD: 5 Years

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 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 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 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 walks on tip toe	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.

Learning to swim.

For Help or More Information:

Child sexual abuse, physical abuse, information and support: Contact the Child Abuse and Neglect Information Hotline at 1-800-942-4357 or the Michigan Coalition Against Domestic & Sexual Violence at 1-517-347-7000.

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233).

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 the Parents Hotline at 1-800-942-4357 or the Family Support Network of Michigan at 1-800-359-3722.

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. After getting all the "shots" needed for school, he/she probably won't need more "shots" until age 11 or 12.

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

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 that some touching is not right. 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 to tell about their feelings.

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 the free Parent Helpline at 1 800 942-4357 (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.

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 lifejacket 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 they find one, they should tell an adult right away. Make sure any guns in your home are unloaded and locked up.