

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
	%		%					

**History**

**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, if not done previously

Parental observation/concerns

**Vision**

Visual acuity

\_\_\_\_\_ R   \_\_\_\_\_ L   \_\_\_\_\_ Both

Parental observation/concerns

**Procedures**

*If Risk:*

IPPD \_\_\_\_\_ (result)

Cholesterol \_\_\_\_\_ (result)

Diabetes \_\_\_\_\_ (result)

**Immunizations:**

Immunizations Reviewed, Given & Charted – *if not given, document rationale*

MCIR checked/updated

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

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

Children Special Health Care Needs

Dental

Transportation

Other \_\_\_\_\_

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 & 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

**Sexual Development and 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 & responsibilities

Encourage hobbies and interests

Spend individual time with child

**Family Support and Relationships**

Listen/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

**Next Well Check:** \_\_\_\_\_ years of age

**Developmental Questions and Observations on Page 2**

**Provider Signature:**

## WELL CHILD EXAM-MIDDLE CHILDHOOD: 6-10 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 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 performance 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 everyday 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					
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:

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Staff Signature: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

## Your Child's Health at 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 as this starts to happen.

Eight year olds can make their own bed, set the table and bathe themselves.

You 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.

Your child will keep growing more independent.

### 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](http://www.safekids.org).

### 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

### Children's Mental Health parent support and advocacy:

Contact the Association for Children's Mental Health (ACMH) at 1-888-ACMH-KID.

### 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.

Keep healthy snacks available. Your child needs fruit, vegetables, juice, and whole grains for growth and energy.

### Parenting Tips:

Praise your child when they work hard and finish things.

Most children learn by watching and then doing. Show and tell them how to do a job. Then have them do it while you watch. Tell them what they did right first, and then what they need to do differently.

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 they're 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 they don't follow rules.

Teach your child how to deal with peer pressure.

Encourage your child to join community groups, team sports, and other activities.

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

Make sure that everyone who rides in the car with you wears their seat belt. Help your child know how to ask to use a seat belt or booster 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 lifejacket 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 bikes safely on streets or cross streets without an adult until they reach at least 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.