

Name: _____ DOB: _____ Actual Age: _____
 Language Spoken _____ Interpreter Name _____
 Date: _____

6 - 7 - 8 YEARS

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BMI%: _____ BP: _____ Temp.: _____ Pulse: _____ Resp.: _____

Allergies: _____ Growth Charts Completed: []

Abuse: Witness or Victim: _____ Notes: _____

Alternate health care provider: _____ MA Signature _____

INTERVAL HISTORY

Diet: _____	Appetite: _____	Weight loss/gain: _____
Physical activity: _____	Meds/vits: _____	Seeing dentist: Yes / No
Accidents: _____	Dental home: _____	
Fatigue, nightmares, enuresis: _____	Family history: HTN, heart disease, high cholesterol, DM, asthma	
	Exposure to tobacco smoke: _____	TB Risk: Yes / No

GROWTH/SCHOOL PROGRESS:

Achievement, sports, peer relationship, attendance, school vision or hearing problem, attendance: _____

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance []	Well nourished and developed	Breast (female) []	No masses, Tanner stage I II III IV V
[]	No abuse/neglect evident	Lungs []	Clear to auscultation bilaterally
Head []	No lesions	Abdomen []	Soft, no masses, liver & spleen normal
Eyes []	PERRL, conjunctivae & sclerae clear	Genitalia []	Grossly nl, Tanner stage I II III IV V
[]	Vision grossly normal	Male []	Circ./uncirc. [] Testes in scrotum
Ears []	Canals Clear, TMs normal	Female []	No lesions, nl external appearances
[]	Hearing grossly normal	Femoral pulses []	Normal
Nose []	Passages clear, MM pink, no lesions	Extremities []	No deformities, full ROM
Teeth []	Grossly normal, no cavities	Lymph nodes []	Not enlarged
Neck []	Supple, no masses, thyroid not enlarged	Back []	No scoliosis
Chest []	Symmetrical	Skin []	Clear, no significant lesions
Heart []	No organic murmurs, regular rhythm	Neurologic []	Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheets given . [] MMR (if not up to date)
 [] DTaP (if not up to date) [] HCT [] Lipid Profile (if high risk)
 [] IPV (if not up to date) [] Influenza vaccine (check recommendations)
 [] Hep B (if not up to date) [] Vision screening [] PPD (if high risk)
 [] Varicella (if not up to date or history date documented) [] Audiometry [] UA
 [] Hep A (if not up to date) [] Dental referral given [] MCV4 (if high risk)
 [] Immunization Registry Entry [] Rx for fluoride .50/1.0 mg QD till age 14

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Limit fat, esp. sat. & cholesterol, sweets, sodium, caloric balance, physical activity
 Injury & Violence prevention: Seat belt use, swimming, water safety, bike helmet, drug and ETOH avoidance education, smoke detector, storage of guns, drugs, toxic chemicals, matches, unsupervised play.
 Guidance: Bed time, discipline, smoking, early sex education and puberty, progress, toothbrushing, dentist, UV skin protection, regular exercise, school achievement, fun, friends, family life education, child sexual abuse, physical activity,

[] Refer to appropriate agency.

Next appointment [] 1 year or _____ Signature _____ Date _____