HealthPlus OF MICHIGAN

WELL CHILD EXAM-MIDDLE CHILDHOOD: 6-10 Years

DATE

PATIENT NAME	DOB	SEX	PARENT NAME

Allergies	Current Medications

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

Next Well Check: _______ years of age

Developmental Questions and Observations on Page 2

Provider Signature:

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	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

See Next Page

WELL CHILD EXAM-MIDDLE CHILDHOOD: 6-10 Years

DATE	PATIENT NAME	DOB

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: ____________

____

____

____

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 loose 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.

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.

This HME form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Association of Health Plans, and Michigan Association of Local Public Health.