



Name:	DOB:	Actual Age:
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## Health Watch EPSDT 4 - 5 YEARS

<b>INTAKE &amp; VITALS</b>	
Height:	Weight: BMI: BP: Temp.: Pulse: Resp.:
Allergies: Growth Charts Completed: [ ]	
<b>INTERVAL HISTORY</b>	
Diet:	Has WIC: Yes / No
Illnesses:	Sleep Pattern: Seeing dentist: Yes / No
Accidents:	Family history: HTN, heart disease, high cholesterol, DM, asthma
Meds./Vits.:	Exposure to tobacco smoke: TB Risk: Yes / No
<b>GROWTH-DEVELOPMENT:</b> Physical activity: _____	
[ ] Hops on one foot	[ ] Plays with several children
[ ] Counts 4 pennies	[ ] Recognizes 3-4 colors
[ ] Copies a square	[ ] Knows opposites
[ ] Catches, throws a ball	[ ] Knows name, address, phone no.
<b>PARENTAL/PATIENT CONCERNS:</b>	
<b>PHYSICAL EXAMINATION (unclothed)</b>	
Legend: ✓ = Normal x = Abnormal	
General Appearance [ ] Well nourished and developed	Heart [ ] No murmurs, regular rhythm
[ ] No abuse/neglect evident	Lungs [ ] Breath sounds normal bilaterally
Head [ ] Symmetrical	Abdomen [ ] Soft, no masses, liver & spleen normal
Eyes [ ] Conjunctivae, sclerae, pupils normal	Genitalia: Male [ ] Normal appearance, circ./uncirc.
[ ] Red reflexes present	[ ] Testes in scrotum
[ ] Appears to see [ ] No strabismus	Female [ ] No lesions, nl external appearances
Ears [ ] Canals clear, TMs normal	Hips [ ] Good abduction
[ ] Appears to hear	Femoral pulses [ ] Present and equal
Nose [ ] Passages patent	Extremities [ ] No deformities, full ROM
Mouth & pharynx [ ] Normal color, no lesions, no cavities	Skin [ ] Clear, no significant lesions
Neck [ ] Supple, no masses palpated	Neurologic [ ] Alert, moves extremities well
	Teeth [ ] Grossly normal, no cavities
<b>ASSESSMENT:</b>	
<b>PLAN:</b>	
<b>ORDERS:</b> [ ] Vaccine reactions, risks and follow-up explained / VIS sheet given	
[ ] DTAP	[ ] UA at 5 years [ ] MCV4 (high risk)
[ ] IPV	[ ] Vision screening Yearly [ ] PPD
[ ] Hep B (if not previously done)	[ ] Audiometry at 4 and 5 years
[ ] MMR	[ ] Lead Blood Test (if not in chart)
[ ] Varicella (second dose)	[ ] WIC Referral given
[ ] Hep A (if not previously done)	[ ] Dental Referral given
[ ] HCT (if high risk)	[ ] Rx for fluoride drops/chewable tabs .50/1.0 QD till age 14
[ ] Influenza vaccine (check recommendations)	[ ] Immunization Registry entry
[ ] Fluoride varnish application	[ ] Lipid Profile (if high risk)
<b>ANTICIPATORY GUIDANCE: Circle if discussed</b>	
<b>Diet:</b> Regular balanced meals with snacks, caloric balance, sweets, Fe, Na, meal socialization, school lunch program	
<b>Injury &amp; Violence prevention:</b> Street dangers, knives, falls, drowning, caution w/strangers, smoke detector, hot water temp. window guards, pool fence, bike helmet, poison center phone, storage of drugs, chemicals, matches, & guns, lead poisoning prevention	
<b>Guidance:</b> School readiness, TV programs, play supervision, regular exercise, UV skin protection, tooth care, Education on Fluoride varnish treatment, parent smoking, strangers, seat belt use, childcare plan, emergency care plan, physical activity, sun screen	

[ ] Refer to appropriate agency.

Next appointment [ ] 1 year or \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_