



Name: _____ DOB: _____ Actual Age: _____

Language Spoken _____ Interpreter Name _____

Date: _____ **4 - 5 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: _____ Has WIC: Yes / No _____ Fatigue, nightmares, enuresis, wt. loss or gain: _____

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 _____

GROWTH-DEVELOPMENT: Physical activity: _____

- [] Hops on one foot
- [] Counts 4 pennies
- [] Copies a square
- [] Catches, throws a ball
- [] Plays with several children
- [] Recognizes 3-4 colors
- [] Knows opposites
- [] Knows name, address, phone no.

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Teeth [] Grossly normal, no cavities
[] No abuse/neglect evident	Heart [] No murmurs, regular rhythm
Head [] Symmetrical	Lungs [] Breath sounds normal bilaterally
Eyes [] Conjunctivae, sclerae, pupils normal	Abdomen [] Soft, no masses, liver & spleen normal
[] Red reflexes present	Genitalia: Male [] Normal appearance, circ./uncirc.
[] Appears to see [] No strabismus	[] Testes in scrotum
Ears [] Canals clear, TMs normal	Female [] No lesions, nl external appearances
[] Appears to hear	Hips [] Good abduction
Nose [] Passages patent	Femoral pulses [] Present and equal
Mouth & pharynx [] Normal color, no lesions, no cavities	Extremities [] No deformities, full ROM
Neck [] Supple, no masses palpated	Skin [] Clear, no significant lesions
	Neurologic [] Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [] 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) | |

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Regular balanced meals with snacks, caloric balance, sweets, Fe, Na, meal socialization, school lunch program

Injury & Violence prevention: Street dangers, knives, falls, drowning, caution with strangers, smoke detector, hot water temp., Window guards, pool fence, bike helmet, poison center phone, storage of drugs, toxic chemicals, matches, and guns, burns, lead poisoning prevention Education on Fluoride varnish treatment. Guidance: Knows name, address, phone no., plays with other children, imitates adults, honest & simple answers regarding sex, dressing self, B&B problems, school plans, TV programs, play supervision, regular exercise, UV skin protection, dentist Q 1 yr, tooth care, parent smoking, strangers, school readiness, seat belt use, childcare plan, emergency care plan, physical activity, sun screen

[] Refer to appropriate agency.

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