WELI	Name: ☐ Female ☐ Male															
Visit Date:/						DOB:/ Age:						Grade:				
Language spo	oken:	<u> </u>	r:	Interpreter used – Name:												
BP: T		P:	· · · · · · · · · · · · · · · · · · ·				BMI%: Growth charts completed									
BP: T: P: R: Height: Weight: BMI%: ☐ Growth charts completed Reason for visit:														ipiotou		
Allergies:	11.						Sian	ature	/ Title:							
Allergies.							Oigii	atare	7 1100.							
INTERVAL HI	STORY a	ccompanied b	ov:		EDUCATION / ANTICIPATORY GUIDANCE: Check if discussed											
Diet: Appetite:						Diet and ☐ food choices/caloric balance ☐ appropriate weight										
Weight - significant ☐ loss ☐ gain # lbs.:										nage eating disorders physical activity						
Physical Activity:						Safety abuse/strangers/911 ange						r management				
Seeing dentist	Jai	icty	☐ ri	☐ risky behaviors ☐ safety helmet ☐ seat belt use												
Medications / \				smoking alcohol, drugs												
Females – Me	beha		sexual activity (condoms, contraception, STD risk)													
Sexually active	┧		depression family dynamics future goals													
Tobacco - S	Guid] independence ☐ privacy ☐ puberty progress] social interaction ☐ sun screen													
Alcohol: No			ļI 				al interaction									
Drugs: No				.1.	Com	ments:										
IMMUNIZATIO				ds:												
Illnesses, acc	•				-1 -4	4		4- 6-	bbios nos							
DEVELOPME	DEVELOPMENT/SCHOOL PROGRESS - Achievement, school attendance, sports, hobbies, peer relationships															
PARENTAI /P	ATIENT (CONCERNS														
PARENTAL/PATIENT CONCERNS:																
PHYSICAL EX	(ΔΜΙΝΔΤ	ION – note re	equired for all i	not WNI												
General	YSICAL EXAMINATION – note required for all not WNL General □ well nourished and developed							Пс	clear to auscultation bilaterally							
Appearance	no abuse/neglect evident							gular rhythm no murmur								
Head	grossly normal				Femoral pulses				normal bilaterally							
Eyes	☐ PERRL ☐ vision grossly normal							soft, no masses liver & spleen normal								
Ears		☐ canals clear ☐ TMs normal							grossly normal - Tanner stage I II III IV V							
		hearing grossly normal		Spine		no scoliosis										
Nose	passages clear MM pink, no lesions				Extremities			□n	no deformities, full ROM							
Teeth	good dentition no caries evident					Skin 🗌 cle			ear, no significant lesions							
Neck	supple thyroid not enlarged					Neurologic no				gross sensory or motor deficit						
Chest		metrical			Comm	nents:										
Breasts (F)	no m	nasses, Tanne	er stage I II II	I IV V												
ASSESSMEN	T:								VISION	Near	OD:		OS:		OU:	
						Far	OD:		OS:		OU:					
				AUDIO -		Right		dB		Hz	☐ WNL					
							metry			Left		dB		Hz	WNL	
PLAN:									Performe	ed hv.				1		
i EAN.									T CHOIM	o by.						
000000	1		1 1 6 . 11 .		1.040				1							
ORDERS:			ks and follow-	up explaine								ntry				
Immunization ☐ Td (9yrs)				11-12 vears					if indicate sis □ HI			l nr	ofile			
		nza (yearly)		i i-iz yeais					/DRL (if s			piv	Jille			
			☐ Vision ☐	Audiometry								ilv (until aa	e 1	4)	
Other:	Screening (objective 9, 10, 12 yrs) Vision Audiometry Prevention: Rx for fluoride 0.5/ 1 mg daily (until age 14)														,	
REFERRAL:	□ Denta	I □ ∩B/Gvn	☐ Behavior:	al Health (Other:											
		-			- II IOI											
Next appointr	ment: 📋	1 year or						F	Provider S	Signatu	ıre:					
												WC 9-12 yrs PC (2/10/10)				
		WELL	CHILD 9 -	10 - 11 -	WELL CHILD 9 - 10 - 11 - 12 YEARS											