7 to 8 Years WELL CHILD VISIT Revised March 2012 BIRTH DATE AGE ACCOMPANIED BY/INFORMANT PREFERRED LANGUAGE Name $\square M$ ID NUMBER CURRENT MEDICATIONS DRUG ALLERGIES See other side for current medication list WEIGHT (%) HEIGHT (%) BMI (%) BMI RANGE: □<5% (under) BLOOD PRESSURE TEMPERATURE DATE/TIME □5-84% (healthy) □85-94% (over) □95-98% (obese) □≥99% (obese) BF = Bright Futures Priority Item See growth chart. History **Physical Examination** BF Previsit Questionnaire reviewed ☑ = Reviewed w/Findings ☑ NL = Reviewed/Normal ☐ Child has special health care needs ☐ Child has a dental home ☐ GENERAL APPEARANCE □ SKIN **BF** Concerns/questions raised by ____ ☐ HEAD □NL □ None ☐ Addressed (see other side) EYES □ FARS **BF** Follow-up on previous concerns None Addressed (see other side) ■ NOSE □ THROAT ___ **BF** D MOUTH/TEETH (caries, gingival) **BF** Medication Record reviewed and updated ■ LUNGS Social/Family History □ HEART ■ ABDOMEN **BF** Family situation ☐ Single Parent BF BREASTS/GENITALIA **BF** After-school care: Yes No Type ____ ☐ SEXUAL MATURITY RATING ■ NEUROLOGIC/GAIT ____ BF Changes since last visit ____ ☐ FXTREMITIES ■ MUSCULOSKELETAL ☐ HYGIENE **BF** Tobacco Exposure ■ BACK **Review of Systems BF** Comments ___ ☑ = NL Date of last visit _ Changes since last visit ____ Nutrition _ **Assessment** ☐ Nutrition, balanced, eats with family Source of water ______Vitamins/Fluoride __ BF Well Child ☐ NL Sleep:

Playtime (60 min/day) ☐ Yes ☐ No Physical activity

Screen time (<2 hrs/day) ☐ Yes ☐ No

__Special Education 🗆 Yes 📮 No

Social Interaction

NL

Performance
NL

Behavior □ NL _____

Attention

NL

Homework □ NL

Parent/Teacher concerns

None

BRIGHT FUTURES Home: Cooperation □ NL _____

Parent-child interaction

NL _____

Sibling interaction

NL

Oppositional behavior

None

Development (if not reviewed in Previsit Questionnaire)

- Eats healthy meals and snacks
- · Participates in an after school activity
- Has friends
- Is vigorously active for I hour a day
- Is doing well in school
- · Does chores when asked
- · Gets along with family

(see other side for plan, immunizations and follow-up)

Anticipatory Guidance

- ☑ = Discussed and/or handout given
- ☐ Identified at least one child and parent strength
- Counseled on avoiding tobacco/drugs
- ☐ Discuss 5-2-1-0, fast food, avoid juice/soda/candy
- □ SCHOOL
- Show interest in school
- Communicate with teachers
- Education: expectations, preparation, and options
- ☐ DEVELOPMENT AND MENTAL HEALTH
- Encourage independence
- Praise strengths
- Be a positive role model
- Discuss expected body changes

- NUTRITION AND
- PHYSICAL ACTIVITY
- Encourage proper
- Eat meals as a family
- 60 minutes of physical activity daily
- Limit TV and screen time
- ORAL HEALTH
 - Dental visits twice a year • Brush teeth twice a day
- Floss teeth daily
- Wear mouth guard during sports

- □ SAFETY
 - Know child's friends
 - Home emergency plan
- · Safety rules with adults Appropriate vehicle
- restraint
- Helmets and pads Supervise around water
- Smoke-free environment
- Guns
- Monitor computer use

7 to 8 Years

WELL CHILD VISIT

7 60 0 1 641 5		51 HEB 1151 1		
NAME	Male	Medical Record Number	DOB	
	- Taic		Actual age V	ears: Months:
	Female		Actual age	ears Frontiis
Current Medications				
Plan				
I Iaii				
BF Patient is up to date, based on CDC/ACIP immunization schedule.	□Yes □No	Oral Health		
If no, immunizations given today.	□Yes □No	Oral health risk assessment	□Completed	□Low □Mod □High
ImmPact2 record reflects current immunization status:	□Yes □No	Has a dental home		□Yes □No
		Dental fluoride varnish applied		□Yes □No
☐ Immunization plan/comments		Dental Visit in Past Year		□Yes □No
		Well water testing		□Yes □No
DE Laboratory/Saraoning results				
BF Laboratory/Screening results				
Lianing sames				
Hearing screen				
□Previously done Date completed				
Vision screen				
□Previously done Date completed				
Hyperlipidemia risk (if hx unknown consider screening)				
Assess level of risk of developmental delay				
Parents/grandparents hx CVD <55 yo				
Obesity, HTN, tobacco use, DM, inactivity PPD				
	,			
□ PPD done (if exposure risk) / date done/	/	-		
PPD result if done ☐ Neg ☐ Pos				
PPD plan/comments		BF Referral to		
		BI Referrat to		
		BF Follow-up/Next Visit		
Narrative Notes:				
Narrative Notes:				