5 to 6 Years WELL CHILD VISIT Revised March 2012 BIRTH DATE AGE ACCOMPANIED BY/INFORMANT Name PREFERRED LANGUAGE $\square M$ ID NUMBER CURRENT MEDICATIONS DRUG ALLERGIES See other side for current medication list HEIGHT (%) BMI (%) BMI RANGE: □<5% (under) BLOOD PRESSURE TEMPERATURE DATE/TIME WEIGHT (%) □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 ☐ None ☐ Addressed (see other side) BF EYES □ EARS **BF** Follow-up on previous concerns None Addressed (see other side) ■ NOSE □ THROAT BF ☐ MOUTH/TEETH (caries, gingival) **BF** Medication Record reviewed and updated Social/Family History ■ LUNGS □ HEART ■ ABDOMEN **BF** Family situation ☐ Single Parent ☐ GENITALIA **BF** After-school care: □ Yes □ No Type _ □ NEUROLOGIC (fine/gross motor) □ GAIT ☐ LANGUAGE BF Changes since last visit ____ BF ■ EXTREMITIES ■ MUSCULOSKELETAL BF Tobacco Exposure ☐ HYGIENE ■ BACK **Review of Systems BF** Comments _ ☑ = NL Date of last visit Changes since last visit ____ **Assessment** Nutrition ☐ Nutrition, balanced, eats with family BF Well Child Source of water ______Vitamins/Fluoride ___ □ NL Sleep: Playtime (60 min/day) ☐ Yes ☐ No Physical activity Screen time (<2 hrs/day) ☐ Yes ☐ No Special Education ☐ Yes ☐ No School: Grade **3RIGHT FUTURES** Social Interaction NL **Anticipatory Guidance** Performance NL _____ Behavior 🗖 NL _ \square = Discussed and/or handout given Attention NL Homework 🗖 NL ☐ Identified at least one child and parent strength ☐ Raising Readers book given Parent/Teacher concerns ☐ NL ☐ Counseled on nutrition and exercise Home: Parent-child-sibling interaction □ NL

■ MOTOR □ LEARNING

Cooperation/Oppositional behavior

None

*Balances on I foot *Hops and skips

*Able to tie knot

■ LANGUAGE

*Good articulation/ language skills

Development (if not reviewed in Previsit Questionnaire)

*Draws person (6+ body parts)

*Prints some letters and numbers

*Copies squares, triangles

*Counts to 10

*Names 4 or more colors

*Follow simple direction

*Listens and attends

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

☐ Discuss 5-2-1-0, fast food, avoid juice/soda/candy

☐ SCHOOL READINESS

- Establish routines
- After-school care/activities
- Friends
- Bullying
- Communicate with teachers
- Education: expectations, preparation, and options

■ MENTAL HEALTH

- Family time
- Anger management
- Discipline for teaching not punishment
- Limit TV

■ NUTRITION AND

- PHYSICAL ACTIVITY Healthy weight
- Well-balance diet, including breakfast
- Fruits, vegetables, whole grains
- Adequate calcium
- 60 minutes of exercise/day

☐ ORAL HEALTH

- Regular dentist visits
- Brushing/Flossing
- Fluoride

□ SAFETY

- Sexual safety • Pedestrian safety
- Safety helmets
- Swimming safety • Fire escape plan
- Smoke/carbon
- monoxide detectors
- Guns
- Sun
- Appropriately restrained in all vehicles

5 to 6 Years

WELL CHILD VISIT

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IAME	Male	Medical Record Number	DOB	
			Actual age Y	ears: Months:
	Female			
urrent Medications				
Plan				
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	_ 00p.cccc	□Yes □No
				□Yes □No
☐ Immunization plan/comments				□Yes □No
		Well water testing		□Yes □No
BF Laboratory/Screening results		MaineCare Member Support R	Requested	
, 5			-	
Hearing screen		_ ☐ Find dentist		
☐Previously done Date completed		_ ☐ Find other provider		
Vision screen		= '''		
□Previously done Date completed				
Hyperlipidemia risk (if hx unknown consider screening)		_ ☐ Family aware		
Assess level of risk of developmental delay				
PPD / Lead* / Anemia**	1			
☐ PPD done (if exposure risk) / date done / PPD result if done ☐ Neg ☐ Pos	_ /			
PPD plan/comments				
☐ Lead drawn in office				
Lead test ordered / date done / / /				
Lead results		_		
Lead range □ <10 □ 10-14 □ 15-19 □ >19		BF Referral to		
Lead plan/comments				
☐ Hgb/Hct ordered / date done///		BF Follow-up/Next Visit		
Hgb/Hct result: Hgb Hct □ Referral at 6 mor		i ollow-up/rtext visit		
Hgb/Hct plan/comments		_		
☐ Hgb/Hct results shared with WIC *All children enrolled in MaineCare should be lead tested at 1 year old and a	t 2 vears old. All			
other children should be tested at these ages, unless lead risk assessment indi		at		
risk for lead exposure. **WIC recommends anemia testing at 9-12 months with re-test in 6 months	(15 to 18 months).	. If		
normal, re-test annually to age 5. If abnormal, re-test every 6 months; conver		•		
once normal result is obtained. WIC may perform anemia testing.				
Narrative Notes:				
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FXAMINER'S SIGNATURE		DATE		Department of H