

PEDIATRIC VISIT 4 TO 5 YEARS

DATE OF SERVICE _____

NAME _____ M / F DATE OF BIRTH _____ AGE _____
WEIGHT _____ / _____% HEIGHT _____ / _____% BMI _____% TEMP _____ BP _____

HISTORY REVIEW/UPDATE: *(note changes)*

Medical history updated? Yes / No _____
Family health history updated? Yes / No _____
Reactions to immunizations? Yes / No _____
Concerns: _____

PSYCHOSOCIAL ASSESSMENT:

Sleep: _____ Child care: _____
Recent changes in family: *(circle all that apply)*
New members, separation, chronic illness, death, recent move, loss of job, other _____

Environment: Smokers in home? Yes / No _____

Violence Assessment:

History of injuries, accidents? Yes / No _____
Evidence of neglect or abuse? Yes / No _____

RISK ASSESSMENT: CHOL TB LEAD

(Circle) Pos/Neg Pos/Neg Pos/Neg

MENTAL HEALTH ASSESSMENT:

Problem identified? No Yes _____
Referral? No Yes To: _____
Counseling provided? No Yes _____

PHYSICAL EXAMINATION

Wnl Abn *(describe abnormalities)*
 Appearance/Interaction
 Growth

 Skin

 Head/Face
 Eyes/Red reflex
 Cover test/Eye muscles
 Ears
 Nose
 Mouth/ Gums/Dentition

 Neck/Nodes
 Lungs

 Heart/Pulses
 Chest/Breasts

 Abdomen
 Genitals

 Musculoskeletal
 Neuro/Reflexes

 Vision *(gross assessment)*
 Hearing *(gross assessment)*

NUTRITIONAL ASSESSMENT:

Typical diet: *(specify foods):* _____
Education: Choose foods from food guide pyramid Food jags
Help choose and prepare foods for meals Behavior at meals
Mealtime can be fun

DEVELOPMENTAL SCREENING: *(With Standardized Tool)*

ASQ: PEDs Other: *(specify)* _____
Results: Wnl Areas of Concern: _____
Referred: Yes / No Where? _____

DEVELOPMENTAL SURVEILLANCE: *(Observed or Reported)*

Social: Toilets alone Dresses self Plays in group
Separates from parent easily
Fine Motor: Copies: 0 _____ + _____ _____
Uses scissors Draws person, 3 parts
Language: Knows: What is spoon ; shoe ; door ; made of?
Fluent sentences Recognizes 3-4 colors Defines 6-9 words: Ball
Lake Desk House Banana Curtain Ceiling Fence
Knows 2-3 opposites: fire is hot, ice is ___ ; mom is woman, dad is ___ ;
horse is big, mouse is ___
Gross Motor: Balances on 1 foot for 10 seconds (2-3 times)
Hops Heel-toe walk Catches bounced ball

ANTICIPATORY GUIDANCE:

Social: School readiness Enrolled in Pre-K/K School avoidance
Management of aggression Promote self-help skills
Caution with strangers/animals
Parenting: Allow separation Promote initiative, creativity
Awareness of ADD and learning disabilities
Play and communication: Monitor TV use Small chores
Creative, active and group play
Health: Dental care Fluoride if well water Bedwetting Fears
Nightmares Leg aches Normal sexual curiosity; simple answers
Masturbation Oedipal complex Use sunscreen
Tick prevention Second hand smoke
Injury prevention: Booster seat (40-80 lbs) Ride in back seat
Riding toys in traffic environment Bicycle helmets Matches
Choking/suffocation Hot water temp Water safety (tub, pool)
Poisoning (Plants, drugs, chemicals) Poison control #
Fall prevention (playground) Smoke detector/escape plan
Firearms (owner risk/safe storage)

PLANS/ORDERS/REFERRALS

1. Review immunizations and bring up to date _____
2. Review Lead and HCT results Refer for testing if none _____
3. PPD if positive risk assessment _____
4. Dental visit advised or date of last visit _____
5. Testing/counseling if positive cholesterol risk assessment _____
6. Next preventive appointment at _____
7. Referrals for identified problems: Yes / No *(specify)* _____

Signatures: _____