**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

(by questionnaire) Pos / Neg Pos / Neg Pos / Neg

# MENTAL HEALTH ASSESSMENT:

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

## PHYSICAL EXAMINATION (unclothed)

Wnl Abn *(describe abnormalities)*

**** **** Appearance/Interaction

**** **** Growth

**** **** Skin

**** ****

# NUTRITIONAL ASSESSMENT:

**Typical diet:** *(specify foods)***:**

**Education:** Choose from food guide pyramid **** 2hrs or less TV/day ****

Child can help prepare food for meals **** Mealtime can be fun ****

5 fruits/vegetables daily **** Food jags **** 1 or more hrs. physical activity ****

**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: O ****  ****

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 ADHD and learning disabilities ****

**Play and communication:** Monitor TV use **** Small chores ****

Head/Face

**** **** Eyes/Red reflex

**** **** Cover test/Eye muscles

**** **** Ears

**** **** Nose

**** **** Mouth/ Gums/Dentition

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 (up to 4’9”) **** Ride in back seat ****

Neck/Nodes

**** **** Lungs

Riding toys in traffic environment **** Bicycle helmets **** Matches ****

Choking/suffocation **** Hot water 120º **** Water safety (tub, pool) ****

**** **** Poisoning (Plants, drugs, chemicals) **** Poison control # ****

Heart/Pulses

**** **** Chest/Breasts

**** **** Abdomen

**** **** Genitals

Fall prevention (playground) **** Smoke detector/escape plan ****

Firearms (look alike toys, 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 ****

**** **** Musculoskeletal

**** **** Neuro/Reflexes

1. Dental visit advised **** or date of last visit
2. Flouride varnish applied

 5. Next preventive appointment at

**** **** Vision (*subjective/****objective if cooperative****)*

**** **** Hearing *( subjective****/objective if cooperative****)*

6. Referrals for identified problems: Yes / No *(specify)*

**Signatures:**

*https://mmcp.health.maryland.gov/epsdt/Pages/Home.aspx* ***Maryland Healthy Kids Program*** 2020