

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 (unclotted)

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

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: 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 ADHD 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 (up to 4'9") Ride in back seat
Riding toys in traffic environment Bicycle helmets Matches
Choking/suffocation Hot water 120° Water safety (tub, pool)
Poisoning (Plants, drugs, chemicals) Poison control #
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 _____
3. Dental visit advised or date of last visit _____
4. Flouride varnish applied _____
5. Next preventive appointment at _____
6. Referrals for identified problems: Yes / No (specify) _____

Signatures: _____