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:

(Circle)	CHOL	TB	LEAD
	Pos / Neg	Pos / Neg	Pos / Neg

MENTAL HEALTH ASSESSMENT:

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

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 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 ☐
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 120º ☐ 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. PPD if positive risk assessment ☐_____
4. Testing/counseling if positive cholesterol risk assessment ☐_____
5. Dental visit advised ☐ or date of last visit_____
6. Next preventive appointment at _____
7. Referrals for identified problems: Yes / No *(specify)*

_____

Signatures:_____