**PEDIATRIC VISIT 6 to 10 YEARS** DATE OF SERVICE

NAME

M / F DATE OF BIRTH

AGE

WEIGHT / % HEIGHT / % BMI / % TEMP BP

**HISTORY REVIEW/UPDATE:** *(note changes)*

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

# PSYCHOSOCIAL ASSESSMENT:

**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: (**by questionnaire**)**

**CHOL TB**

**Positive/Negative Positive/Negative**

# MENTAL HEALTH ASSESSMENT:

Mental Health Assesment: Yes/No Problem identified? Yes / No Counseling provided? Yes / No Referral? Yes / No To:

**PHYSICAL EXAMINATION: (unclothed)**

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/Tanner stage

**** **** Musculoskeletal

**** **** Neuro/Reflexes

**** **** Vision *(objective and subjective)*

**** **** Hearing *(objective and subjective)*

# NUTRITIONAL ASSESSMENT:

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

**Physical Activities:**

At least 1hr. exercise daily? Yes / No

**Education:** Choose foods from food guide pyramid **** Sociable at table **** Lowfat food choices, including milk **** Choose healthy foods at school **** 5 fruits/vegetables daily **** No sweetened beverages **** 2hrs or less TV ****

# DEVELOPMENTAL SURVEILLANCE:

**School:** Grade: Performance:

**Peer Relations:**

**Family Relations:**

**Extracurricular activities:**

**Misc. issues:**

# ANTICIPATORY GUIDANCE:

**Social:** Responsibility for self ****, for school **** Competitiveness **** Family vs. peer activities **** Caution with strangers/animals **** Teach address and phone number ****

**Parenting:** Increased autonomy in decisions **** Communicate ****

Praise and encourage **** Give allowance ****

Assist in handling money **** Establish fair rules ****

**Play and communication:** Organized sports **** Hobbies ****

Monitor TV use ****

**Health:** Dental care **** Fluoride **** Personal hygiene **** Physical activity **** Smoking **** Second hand smoke **** Use sunscreen **** Tick prevention ****

**Sexuality**: Prepare for physical changes **** Early sex education ****

Masturbation **** Modesty ****

**Injury prevention:** Seat belt **** Rear seat until age 12 years ****

Riding toys in traffic environment **** Bicycle helmets **** Water safety **** Hot water 120º **** Fall prevention (playground) **** Matches **** Protective devices in sports **** Smoke detector/escape plan **** Poisoning (Plants, drugs, products) **** Poison control # ****

Firearms (look alike toys; owner risk/safe storage) ****

# PLANS/ORDERS/REFERRALS

1. Review immunizations and bring up to date ****
2. Objective Hearing and Vision Tests (recommended)
3. Dyslipidemia testing **** **Yes ** **No** (Req. between 9-11 years)
4. Dental visit advised **** or date of last visit
5. Next preventive appointment at
6. Referrals for identified problems: Yes / No *(specify)*

**Signatures:**

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