



WELL CHILD VISIT

5 Year

Name _____ Age in Years _____ Date of Visit _____

Concerns/Discussion

(from parent and child)

- Family concerns
- Illnesses/Accidents
- Behavior/Discipline
- Kindergarten
- Other concerns
- Observe parent/Child interaction

Nutrition Guidance

- Model and encourage healthy eating habits
- 3 meals and 2 snacks per day (stress importance of breakfast before school)
- Make mealtimes pleasant
- Encourage variety of foods

Developmental/Behavioral

- Dresses without help
- Knows address and phone number
- Recognizes some letters and prints
- Can count on fingers
- Plays make-believe games
- Says mean things to parents
- Ignores parents

Physical Exam

- General
- Wt _____ % _____
- Ht _____ % _____
- Monitor growth chart
- Blood pressure _____
- Temp _____

- Skin
- Nodes
- Head
- Eyes
- Ears
- Nose
- Oropharynx
- Neck
- Chest/Breast
- Lungs
- Cardiovascular
- Abdomen
- Genitalia
- Back & Extremities
- Neuro
- Evidence of Neglect/Abuse

Screening/Immunizations

Screening

- Hearing—audiologic screen (pure tone)
- Vision—Distance visual acuity
- Lead—Screen high risk
- Hyperlipidemia—screen high risk
- Blood pressure
- Urinalysis
- Tuberculosis—PPD for high risk
- Dental
 - Recommend dental visit
 - Discuss care and fluoride
 - Sealants for molars

Immunizations

- Per ACIP schedule (Record below)
- Review record & “catch up” as needed

Sexuality Education

- Sexual curiosity and exploration are normal
- Use correct terms for genitals
- Read age appropriate books
- Discuss “privacy” issues

Anticipatory Guidance

- Injury/Accident prevention
 - Gun safety
 - Bicycle safety
 - Suggest swimming lessons
 - Car safety
 - Pedestrian safety
 - Playground safety
- “Stranger” discussion
- Discipline Issues
 - Should follow family rules
 - Respect authority
 - Time out and limiting privileges
- Age appropriate chores
- TV and computer rules
- Encourage physical activity
- Parents as role models
- Spend time with each child
- Encourage time with other children

Immunizations given:

Record all abnormal findings below.

Assessment and Plan: _____

PHN Referral (if indicated) _____ WIC Referral (if indicated) _____

Physician Signature: _____