



WELL CHILD VISIT

6-10 Year

Name _____ Age in Years _____ Date of Visit _____

Concerns/Discussion

(from parent and child)

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

Nutrition Guidance

- Model and encourage healthy eating habits (family needs)
- 3 meals and 2 snacks per day
- Limit high fat and low nutrient foods and drinks
- Encourage variety of foods

Developmental/School Performance

- Any concerns about development
- School attendance problems
- Acknowledge and praise school achievements
- Talk about school with child
- Parent-Teacher conference
- Parental participation in school activities

Physical Exam

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

- Nodes
- Head
- Eyes
- Ears
- Nose
- Oropharynx (teeth malocclusion)
- Neck
- Chest/Breast
- Lungs
- Cardiovascular
- Abdomen
- Genitalia
- Back & Extremities (scoliosis exam at 10 years)
- Neuro
- Evidence of Neglect/Abuse

Screening/Immunizations

Immunizations

- Per ACIP schedule (Record below)
- Review record

Screening

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

Sexuality Education

(use handouts if possible)

- Answer questions at age appropriate level
- Age appropriate books available
- Parents should:
 - Discuss puberty & sexual development (9-10 yrs)
 - Discuss menstruation with girls (9-10 yrs)
 - Discuss wet dreams with boys (9-10 yrs)
 - Discuss privacy issues

Anticipatory Guidance

- Assure adequate amount of sleep
- Safety Issues (guns, bicycle, strangers)
- Limit TV viewing
- Discuss appropriate use of computers/internet
- Encourage physical activity
- Encourage family activities
- Discuss drugs, alcohol & cigarettes
- Meet and get to know friends
- Age appropriate chores
- Provide "personal space" for child
- Discipline Issues (Help build self-esteem, encourage impulse and anger control, set consequence for unacceptable behavior)

Immunizations given:

Record all abnormal findings on separate sheet

Assessment and Plan: _____

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

Physician Signature: _____