I. INTERVAL HISTORY/PARENT’S CONCERNS/CHILD’S CONCERNS:

Chronic Illnesses: ________________________ ER/Hospital utilization since last visit: ____________
Triggers reviewed: ________________________ Medications changed/refilled: ________________________
Education Consult/Referral: ________________________
Fatigue/Sleep:* ________________________ School:* ________________________
Peers:* ________________________ Family High Risk Factors:* ________________________
High Risk Behaviors:* None Cigarettes Alcohol Illicit Drugs Weapons Sexual activity Accidents Other ________________________
Nutrition: Encourage all food groups: ________________________
Output: Urine: ________________________ Stools: ________________________

II. UNCLOTHED PHYSICAL EXAM: Check Growth Chart

SYSTEM NL ABN NE COMMENTS
General ________________________
Skin ________________________
Head ________________________
Eyes ________________________
Ears ________________________
Nose ________________________
Oropharynx ________________________
Neck ________________________
Lungs ________________________
Heart ________________________
Pulses ________________________
Abdomen ________________________
Back ________________________
GU ________________________
Skeletal ________________________
Neuro ________________________
III. ANTICIPATORY GUIDANCE (Check all that apply)

- Peer relations*
- Hobbies
- Need for privacy
- School performance*
- Body image*
- Discipline*
- Exercise/Physical activity
- Sex education
- Television

IV: LAB/IMMUNIZATIONS:
- Check all that apply
- Labs: If high risk: Hct UA Lipid profile
- If sexually active: PAP
- Other:

<table>
<thead>
<tr>
<th>Immunizations given today:</th>
<th>UTD</th>
<th>Written information given</th>
<th>Consent signed</th>
</tr>
</thead>
</table>

(Follow the recommended immunization schedule approved by the ACIP, AAP, and AAFP)

V. LEAD SCREEN
- N/A for this age.

VI. DEVELOPMENTAL AND MENTAL HEALTH: (Check all that apply)
- School performance
- Follows rules at school/accepts discipline
- Follows rules at home/accepts discipline
- Engages in social activities

VII. FINE MOTOR/GROSS MOTOR: (Check all that apply)
- Handwriting
- Sports

VIII. HEARING: This screening should be performed annually.
- Parental perception of hearing
- Child’s perception of hearing
- Ear exam with pneumatic otoscope
- Family history of hearing disorders
- PMHx: NICU admission/ recurrent ear infections/
- head injury/ congenital anomalies/ meningitis/
- mumps/ cerebral palsy
- Tympanometry upon indication
- Pure tone audiometry (sweep screen) upon indication

IX. VISION: This screening should be performed annually.
- Parental/child’s perception of vision
- Observation for blinking pupillary response ocular movement
- Objective testing including Snellen E, acuity (near and far), and color discrimination
- Exam of external eye, funduscopic exam
- School performance
- Family history of visual disorders
- Eye injuries, foreign substances
- PMHx: NICU admission/ prolonged oxygen administration

X. DENTAL
- At 12 years, dental referral for complete diagnostic workup and orthodontic evaluation
- Flouride supplements if water flouridation less than 0.7 ppm (until all permanent teeth have erupted)

ASSESSMENT/EDUCATION/PLAN

ORDERS

SIGNATURE DATE

MO 886-3984 (11-07)