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


Menstrual/Reproductive Hx: Menarche age __________ years LMP: ______________

Chronic Illnesses: ____________ ☐ ER/Hospital utilization since last visit
☐ Triggers reviewed: ____________
☐ Medications changed/refilled: ____________

☐ Education
☐ Consult/Referral

Sleep/Fatigue:*
School:* ____________
Peers:* ____________
Work:* ____________
Family High Risk Factors:*
Self Injury:* ____________

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

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<th>SYSTEM</th>
<th>NL</th>
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SIGNATURE

DATE
Immunizations given today:
- UTD
- Written information given
- Consent signed

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

III. ANTICIPATORY GUIDANCE (Check all that apply)
- Peer relations*
- Hobbies
- Need for privacy
- School performance*
- Body image/dieting*
- Discipline*
- Exercise/Physical activity
- Sex education/STD’s
- Television

IV: LAB/IMMUNIZATIONS:
- Labs (if high risk): Hct  UA  Lipid profile  Other:

If sexually active:  PAP  Rubella titer  VDRL  Chlamydia  Gonorrhea  HIV counseling  HIV testing

Immunizations given today:
- UTD
- Written information given
- Consent signed

(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/vocational performance
- Follows rules at school/accepts discipline
- Follows rules at home/accepts discipline

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  
- Dental referral for complete diagnostic workup and orthodontic evaluation, if not done
- Teeth brushing/llossing
- Referral for routine preventative dental care q 6 months
- Assess teeth development and oral hygiene - Teeth cleaning

Flouride supplements if water flouridation less than 0.7 ppm (until all permanent teeth have erupted.)

ASSESSMENT/EDUCATION/PLAN

ORDERS

SIGNATURE  DATE

MO 886-3986 (11-07)