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


Menstrual/Reproductive Hx: Menarche age __________ years LMP: ______________
Gravida:          Para: Term          Preterm          Abortions          Living Children

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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SIGNATURE  DATE
FULL SCREEN (I-X)  □ WITH REFERRAL  □ HEARING SCREEN  □ WITH REFERRAL  □ ORDERS
PARTIAL SCREEN (I-V)  □ WITH REFERRAL  □ VISION SCREEN  □ WITH REFERRAL  □ SIGNATURE DATE
DEVELOPMENTAL AND MENTAL HEALTH SCREEN □ WITH REFERRAL  □ DENTAL SCREEN  □ WITH REFERRAL  □ MO 886-3987 (11-07)

III. ANTICIPATORY GUIDANCE (Check all that apply)

☐ Peer relations*  ☐ Firearms/Homicide*  ☐ Alcohol, drugs, smoking and driving
☐ Hobbies  ☐ Suicide*  ☐ Violent behavior*
☐ Need for privacy  ☐ Vehicular accidents  ☐ 3 balanced meals
☐ School performance*  ☐ Sports injuries  ☐ Fat content
☐ Body image/dieting*  ☐ Bicycle safety/helmet  ☐ Iron
☐ Discipline*  ☐ Seatbelts/Airbags  ☐ Calcium
☐ Exercise/Physical activity  ☐ Pool/Water safety  ☐ Obesity
☐ Sex education/STD's  ☐ Chores
☐ Television  ☐ Contraception/Family planning

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  ☐ Changes in mood  ☐ Follows rules/accepts discipline at school/work
☐ Sexual development  ☐ Changes in behavior  ☐ Follows rules/accepts discipline at home
☐ Stable sleep/appetite  ☐ Career planning  ☐ Engages in age appropriate 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 ☐ 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

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

ASSESSMENT/EDUCATION/PLAN

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

COMMENTS

COMMENTS

ORDERS

SIGNATURE  DATE