### 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

### II. UNCLOTHED PHYSICAL EXAM:  

- Check Growth Chart

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SIGNATURE

DATE
III. ANTIMORTAL GUIDANCE (Check all that apply)

☐ Peer relations* ☐ Hobbies ☐ Alcohol, drugs, smoking and driving*
☐ Need for privacy ☐ School performance* ☐ Violent behavior*
☐ Body image/dieting* ☐ Discipline* ☐ Feeding:
☐ Exercise/Physical activity ☐ Other:
☐ Sex education/STD’s ☐ Television ☐ 3 balanced meals
☐ Handwriting ☐ Sports ☐ Fat content
☐ Hobbies ☐ Other:
☐ Need for privacy ☐ School performance* ☐ Iron
☐ Body image/dieting* ☐ Discipline* ☐ Calcium
☐ Exercise/Physical activity ☐ Other:
☐ Sex education/STD’s ☐ Television ☐ Obesity

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)

☐ Stable mood ☐ Stable behavior ☐ Stable sleep/appetite ☐ Career planning
☐ Engages in age appropriate social activities ☐ School/vocational performance
☐ Follows rules/accepts discipline ☐ Career planning

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
☐ Tymanometry 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, fundusoscopic exam
☐ Family history of visual disorders
☐ Eye injuries, foreign substances
PMHx: ☐ NICU admission/ ☐ prolonged oxygen administration

COMMENTS

X. DENTAL ☐ Dental referral for complete diagnostic workup and orthodontic evaluation, if not done
☐ Flouride supplements if water flouridation less than 0.7 ppm (until all permanent teeth have erupted.)
☐ Teeth brushing/flossing
☐ Referral for routine preventative dental care q 6 months
☐ Assess teeth development and oral hygiene - Teeth cleaning

COMMENTS

ASSESSMENT/EDUCATION/PLAN

ORDERS

SIGNATURE DATE

MO 886-3988 (11-07)