### I. INTERVAL HISTORY/PARENT'S CONCERNS:

- Chronic Illnesses: 
- ER/Hospital utilization since last visit: 
- Triggers reviewed: 
- Medications changed/refilled: 
- Education Consult/Referral: 
- Sleep/Fatigue:* 
- Activity: 
- School Readiness: 
- Peer Involvement:* 
- Family High Risk Factors:* 
- Nutrition: Encourage all food groups: 
- Output: Urine: Stools: 

### II. UNCLOTHED PHYSICAL EXAM:

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>NL</th>
<th>ABN</th>
<th>NE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oropharynx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GU</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skeletal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE DATE

MO 886-3981 (11-07)
### III. ANTICIPATORY GUIDANCE (Check all that apply)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IV: LAB/IMMUNIZATIONS:
- Labs:  
  - Hct (if high risk)  
  - UA (if high risk)  
  - Blood lead level (if not done previously at 24 months)

### V. LEAD SCREEN
- Lead Assessment Guide complete (at 6 years):  
  - Negative screen  
  - Positive screen - draw blood lead level.

### VI. DEVELOPMENTAL AND MENTAL HEALTH: (Check all that apply)

#### Minimal Skills
- Names four colors  
- Opposites -2 (6)  
- Count 5 blocks (6)  
- Dresses without supervision - R  
- Comprehends 4 prepositions  
- Plays boards and card games - R  
- Speech all understandable  
- Defines 7 words (6)  
- Prepares cereal (6)  
- Brush teeth - no help (6)  
- Appropriate emotional expression  
- Attentive ≥ 30 min.

#### Emerging Skills
- Read simple words (6)  
- Prints some letters  
- Ties shoes  
- Jumps over low obstacles

### VII. FINE MOTOR/GROSS MOTOR: (Check all that apply)

#### Minimal Skills
- Picks longer line  
- Draws person in 3 parts  
- Balances on each foot for 6 seconds (6)  
- Heel to toe walk (6)  
- Hops  
- Copies cross  
- Copies circle  
- Copies square (6)  
- Draws person in 6 parts (6)  
- Handwriting

#### Emerging Skills
- Copies cross  
- Copies circle  
- Copies square (6)  
- Draws person in 6 parts (6)  
- Handwriting

### VIII. HEARING: This screening should be performed annually.
- Parental perception of hearing  
- Ear exam with pneumatic otoscope  
- Observational screening with noisemaker  
- Family history of hearing disorders  
- PMHx: NICU admission/ recurrent ear infections/ head injury/ congenital anomalies/ meningitis/ mumps/ cerebral palsy  
- Tympanometry  
- Identifies familiar pictures  
- Names desired objects (candy, juice)  
- Says all sounds correctly, except perhaps “s” and “th”  
- Pure tone audiometry (sweep screen)

### IX. VISION: This screening should be performed annually.
- Parental perception of vision  
- Observation for blinking  
- Pupilary response  
- Tracking  
- Ocular movement  
- Objective testing including Snellen E, distance acuity, light reflex/cover test, and color discrimination  
- Exam of external eye, fundoscopic exam  
- Family history of visual disorders  
- Eye injuries, foreign substances  
- PMHx: NICU admission/ prolonged oxygen administration

### X. DENTAL
- Referral for routine preventative dental care q 6 months  
- Teeth brushing/flossing by parents  
- Normal tooth eruption times  
- Assess teeth development and oral hygiene - Teeth cleaning  
- Fluoride supplements if water fluoridation less than 0.7 ppm

### ORDERS
- SIGNATURE  
- DATE

MO 886-3981 (11-07)