

Well Child Care 5 yrs

Name :

DOB:

Date:

Do you have any concerns today ? No Yes _____

Review of systems/symptoms	yes	no	Review of systems/symptoms	yes	no
Appetite good ?			School : Grade_____. Special Education?		
Eats carbs, vegetables ,fruits, meat, fish ,fast foods, candy? (circle)			Social interaction normal ?		
Bowel movements ?			Performance normal?		
Urination normal ?			Behavior normal ?		
Any sleep concerns?			Attention normal ?		
Any hearing problems?			Homework normal?		
Any Vision Problems?			Any school problems and/or bullying issues ?		
Any TB Exposure?			Goes to after school care ?		
Any lead poisoning risks?			Home: cooperation normal ?		
Physical activity : playtime (60 min/day)			Parent-child interaction normal ?		
Screen time (<2 hrs/day)			Sibling interaction normal?		
Immunizations up to date?			Oppositional behavior ?		
Oral Health risk Assessment:					
Special health care needs?			Medicaid eligible ?		
Child has a dentist ?			Has teeth brushed twice daily?		
Developmental Questions : Can your child					
Sit and listen to a 10-to-20 min story?			Point while counting at least 3 different objects?		
Name a coin correctly?			Name at least 3 colors?		
React well when you leave her with friend or sitter?			Name at least some letters of the alphabet when she sees them?		
Copy a Square?			Button her clothing or her doll's clothes ?		
Identify and print the first letter in her name?			Recognize and name several single numbers?		
Walk upstairs with alternating feet?			Jump with her feet apart?		
Safety/anticipatory guidance issues:					
Family violence & substance abuse? circle			Gun safety? <input type="checkbox"/> chose not to answer		
Exposed to passive smoking?			Using booster seat or seat belts?		
Family history:					
High cholesterol ,Triglycerides			Obesity		
Diabetes			Early Heart disease ,Hypertension		

Anticipatory guidance: discussed and /or handout given

School readiness: establish routines after school care /activities friends bullying communicate with teachers

Mental Health: family time anger management discipline for teaching not punishment Limit TV

Nutrition & physical activity: healthy weight well balanced diet including breakfast Fruits, vegetables, whole grains Adequate Calcium 60 min of exercise/day

Oral health: regular dentist visits brushing /flossing fluoride

Safety pedestrian safety helmets swimming safety sun exposure guns seat belts crossing streets, approaching strangers, animals

For Providers: fasting lipid age 2-10 if any of above risk factors. 2-5 yrs Wt gain 4.5 lbs/yr ,Ht gain 2.5 inch/yr. Visual acuity 20/20 by 4 yr. Bedwetting normal up to age 4 (girls),age 5 (boys).

Signature of parent/guardian:

Provider signature: