

Well Child Care 6 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?			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 ?		
Developmental Questions : Can your child					
Know the sounds of most letters of the alphabet?			Recognize & read 15 or more common words?		
Tell his age?			Dress himself without help?		
Copy a few simple words from a book?			Recognize & name at least 10 letters in the alphabet ?		
Repeat at least 4 numbers in the proper sequence?			Tie his shoes ?		
Skip?			Catch a small bouncing ball ?(large balls do not count)		
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.

Signature of parent/guardian:

Provider signature: