WELL CHILD ASSESSMENT – 4 TO 5 YEARS

AGE:	WEIGHT:	HEIGHT:	BP:	
TEMP:	PULSE	RESP.	HGB/HCT:	MA Signature:

Hearing 1000	2000	3000	4000	Vision	Urine			
L dB	dB	dB	dB	L R	Protein	Sugar	Blood	Other
R dB	dB	dB	dB	Both				

INTERVAL HISTORY

Diet:
Illness:
Problems:
Immunization Reaction:
Parental Concerns:

DEVELOPMENT ☐ NORMAL ☐ ABNORMAL

- ☐ Buttons Up (4.2 yr.)
- ☐ Copies Square (4.4 yr.)
- ☐ Recognizes 3 Colors
- ☐ Throws Ball
- ☐ Hops on 1 Foot (4.9 yr.)
- ☐ Draws Man
- ☐ Follows 3 Commands
- ☐ Tolerates Separation
- ☐ Fully Potty Trained
- ☐ Speech Understandable

PHYSICAL EXAMINATION PM 160 ☐Yes ☐No

	N	AB	ABNORMALITIES/COMMENTS
General Appearance			
Nutrition			
Skin			
Head, Neck & Nodes			
Eyes/ Eq Reflex			
ENT/Hearing			
Mouth/Dental"			
Heart			
Abdomen			
Ext. Genitalia			
Back			
Extremities/Hips			
Neurological			
Fem. Pulses			

EDUCATION (Circle Items Discussed)

Nutrition: 3 Meals and Snacks, Importance of Breakfast
Tobacco: Second-Hand Smoke
Safety: Safety Belts, Bicycle Safety, Bums, Water Safety Matches, Watch Outdoor Play, Swimming Lessons, Lead Poisoning
Parenting: TV Programs, School, Role Playing, Aggression, Sexual Abuse
Dental: Preventive Dental Visits, Brushing, Flossing
☐ Growing Up Healthy Brochure given

TB RISK ASSESSMENT ☐No Risk ☐Risk

ASSESSMENT:

PPD Results: ____________ Date ___________

PLAN

☐ Refer for Preventive Dental Care

☐ DTaP #5 ☐ IPV #4 ☐ MMR #2 ☐ PPD

Next Visit:

TOBACCO ASSESSMENT

1. Patient is exposed to Passive (second-hand) Tobacco Smoke. ☐Yes ☐No
2. Tobacco Used by Patient. ☐Yes ☐No
3. Counseled about/Referred for Tobacco Use Prevention/Cessation. ☐Yes ☐No

Patient Name/ID Number:

Exam Date: ___________________________

Provider Signature