Well Child Visit: 5-6 Years

Name: _____ **DOB:** _____ **Date:** _____

Current Medications	Drug / Food Allergies	Accompanied By

Age □ M □ F	Ht.	Wt.	BMI and %ile	B/P	HR	Temp.	Interpreter: Y / N

Past Medical History

Recent illness: □ Yes □ No _____

_____

Child has a dental home: □ Yes □ No ____

Vision concerns: □ Yes □ No _____

Hearing concerns: □ Yes □ No _____

F/u previous concern: □ None _____

Interval History

Sleep: □ NL_____

Elimination: □ NL _____

Nocturnal enuresis: □ Yes □ No

Behavior: □ NL _____

Play time >60 mins/day: □ Yes □ No _____

Activities / sports: _____

Screen time <2hr/day: □ Yes □ No _____

Nutrition

Appetite: □ NL_____

Fruits / vegetables: □ Yes □ No _____

Milk / calcium: □ Yes □ No _____

↓ sugary drinks: □ Yes □ No _____

Snack habits: □ NL _____

Concerns: □ Yes □ No _____

Social / Family History

Lives at home with:_____

Tobacco smoke exposure: □ Yes □ No

Parent/child/sibling interaction: □ NL _____

Cooperation/defiant behavior: □ NL _____

School- Grade: _____ Special Education: □ Yes □ No ___

Performance: □ NL _____ Peer interaction: □ NL _____

Teacher concerns: □ None _____

Growth-Development

Cognitive: □ NL _____

- Knows 4+ colors, school-ready; plays board/card games

Language: □ NL _____

- Uses pronouns and tenses; tells simple stories in full sentences

Physical: □ NL _____

- Balances on 1 foot, hops, skips; dresses self; mature pencil grasp

Social: □ NL _____

- Engages in fantasy play; able to listen & attend; follows simple directions

Parental Concerns: _____

Physical Exam (checked □ = normal)

□ **General** (Alert, NAD, socialization NL)
□ **Head** (No deformities, symmetric)
□ **Eyes** (PERRL, EOMI, + RR, lids NL, conjunctivae/sclera clear)
□ **Ears** (Canals clear, TMs normal, orients to sounds, voice)
□ **Nose** (Mucosa NL, septum NL, patent)
□ **Mouth/Throat** (MMM, lips NL, tongue NL, no oral lesions, no erythema)
□ **Teeth** (Gums NL, dentition NL, no staining, caries or white spots)
□ **Heart** (No murmurs)
□ **Lungs** (Clear breath sounds)
□ **Abdomen** (Soft, non-tender, no masses)
□ **Skin** (No rashes, no lesions)
□ **Neuro** (Tone, symmetry, strength, gait NL)
□ **Extremities** (Full ROM, strength/tone NL)
□ **Genitalia**
Male (Penis NL: circ/uncir, no adhesions)
Female (Labia/clitoris NL, no discharge)
Tanner Stage: _____

Abnormal Findings

Assessment

□ Well child
□ Normal growth and development
□ IMMS UTD
□ IMMs due _____

Anticipatory Guidance

□ **Healthy Habits** (Brush teeth 2x/day, exercise daily, limit screen time, bedtime routine)
□ **Safety** (Playground & stranger danger, bike helmets, pedestrian, drowning)
□ **Learning** (School readiness, meet teachers, show interest in school, read with your child every day)
□ **Behavior** (Praise, encourage, family rules, show interest in friends)
□ **Nutrition** (Limit high fat/sugar foods, portion size, healthy snacks, vitamins)

Plan

□ Dental fluoride varnish every 3-6 mos. either primary care or dental office
□ Fluoride supplementation risk assessment
□ TB testing based on risk factors
□ Iron Deficiency Anemia risk assessment
□ Dyslipidemia risk assessment
□ Hearing screen: □ NL_____ (5 yo and 6 yo)
□ Vision acuity: R___/___ L___/___ Both___/___ (5 yo and 6 yo)

□ Lead screening #2 (If Lead screening #2 not completed at 24 mos., 30 mos. or 3-4 yo visit)
□ Immunizations (See immunization record)
□ Education handout given

Next Appointment: _____ **Signature:** _____ **Date:** _____

Well Child Visit: 5-6 Years

Name: _____ **DOB:** _____ **Date:** _____

Notes:

Next Appointment: _____ **Signature:** _____ **Date:** _____