Well Child Visit: 7-10 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 _____
Positive body image: □ Yes □ No
Concerns: □ Yes □ No _____

Social / Family History

Lives at home with:_____
Tobacco smoke exposure: □ Yes □ No
Parent / child interaction: □ NL _____
Sibling interaction: □ NL _____
Cooperation: □ NL _____
Oppositional behavior: □ Yes □ No _____

Growth-Development

School- Grade: _____ Special Education: □ Yes □ No _____
Performance: □ NL _____ Peer interaction: □ NL _____
Behavior: □ NL _____ Homework: □ NL _____
Teacher concerns: □ None _____
After-school activities: □ Yes □ No _____
Hobbies: _____
Has friends: □ Yes □ No _____

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, palate intact, lips & 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, dental visits 2x/year, hand washing, exercise daily, sunscreen, limit screen time, bedtime routine)
□ **Safety** (Know child's friends, bullying, monitor computer use, helmets and sports pads, guns, seat belts)
□ **Learning** (Meet teachers, show interest in school, help with homework)
□ **Behavior** (Praise & encourage, family rules, show interest in friends)
□ **Nutrition** (Family meals, limit high fat/sugar foods, portion size, vitamins)
□ **Development** (Puberty & sexual development, encourage independence)

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 (8 yo)
□ Dyslipidemia screening (recommended that screening occur once between 9 and 11 years of age)

□ Hearing screen: □ NL_____ (8 yo and 10 yo)
□ Vision acuity: R___/___ L___/___ Both___/___ (8 yo and 10 yo)
□ Education handout given
□ Immunizations (See immunization record)

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

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

Notes:

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