Well Child Visit: 5-6 Years

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

Current Medications	**Drug/Food Allergies**	**Accompanied By**

Age □**M** □**F**	**Ht.**	**Wt.**	**BMI**	**BMI %ile**	**BP**	**Interpreter: Y / N**

Past Medical History

Recent illness/injury: □ Yes □No _____
_____
Pt 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 Toilet Trained: □ 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, counts to 10, plays board/card games

Language: □ NL _____
- Articulate, uses pronouns and tenses; tells simple stories

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, 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

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, health snacks, vitamins)

Plan

□ Immunizations (See immunization record)
□ Lead screen (If not previously done)
□ Vision acuity: R___/___ L___/___ Both___/___
□ Hearing screen: □ NL_____
□ Dental referral

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