Well Child Visit: 7-10 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 _____
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 interaction: □ NL _____
Sibling interaction: □ NL _____
Cooperation: □ NL _____
Oppositional behavior: □ NL _____

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, 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

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

□ Immunizations (See immunization record)
□ Vision acuity: R___/___ L___/___ Both___/___
□ Hearing screen: □ NL_____
□ Dental referral

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