

## School Age Well Child Worksheet (5 – 12 Years)

<b>Vital Signs:</b>		<b>Physical Exam:</b>
Weight: _____	Percentile	General appearance
Length: _____	Percentile	Skin
Temperature: _____		Head
Pulse: _____		Eyes
Respiratory rate: _____		Ears
Blood pressure: _____		Nose
<b>Interim history since last well child visit:</b>		Oropharynx
_____		Teeth
_____		Neck/nodes
Medications: _____		Heart
Allergies: _____		Chest & lungs
<b>Nutritional Assessment:</b>		Cardiovascular/pulses
Appetite		Abdomen
All food groups		Genitalia
Fluoride/iron/vitamin		Musculoskeletal
Normal stools		Neuro/reflexes
Eating problems / TV snacking		Further description of PE: _____
<b>Developmental Assessment:</b>		<b>Screening:</b>
Passing in school		Vision R-20/ L-20/
Attendance/school problems		Hearing
Special classes		Hemoglobin
Tasks at home		Lead questionnaire
Hobbies/activities/TV		Tuberculosis questionnaire
<b>Mental Health Assessment:</b>		Dental referral
Self esteem/friendship		<b>Assessment:</b> (List problems & status)
Sleep problems		1.
Family stresses		2.
Living with both parents		3.
Extended family support		<b>Plan:</b> (Immunizations, PPD, Medications, Referrals, Follow up)
After school care		1.
Parenting needs		2.
Child abuse risk		3.
<b>Health Education:</b>		
<u>Nutrition</u>		<u>Safety</u>
Basic foods		Seat belts/ Auto safety
Good snacks		Bicycles/ATV/Skating
Appetite control		Water Safety
<u>Health Promotion</u>		Fire/smoke detectors
TV habits		Firearm safety
Medical Resource use		<u>Family</u>
Tobacco		Security
Alcohol/drugs		Discipline patterns
Regular exercise		Handling Responsibility
Tooth and gum care		Communications
Pubertal changes/sex		Handling losses

