

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

### **Vital Signs:**

Weight: \_\_\_\_\_ Percentile

Length: \_\_\_\_\_ Percentile

Temperature: \_\_\_\_\_

Pulse: \_\_\_\_\_

Respiratory rate: \_\_\_\_\_

Blood pressure: \_\_\_\_\_

### **Interim history since last well child visit:**

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

### **Nutritional Assessment:**

Appetite

All food groups

Fluoride/iron/vitamin

Normal stools

Eating problems / TV snacking

### **Developmental Assessment:**

Passing in school

Attendance/school problems

Special classes

Tasks at home

Hobbies/activities/TV

### **Mental Health Assessment:**

Self esteem/friendship

Sleep problems

Family stresses

Living with both parents

Extended family support

After school care

Parenting needs

Child abuse risk

### **Health Education:**

#### **Nutrition**

Basic foods

Good snacks

Appetite control

#### **Health Promotion**

TV habits

Medical Resource use

Tobacco

Alcohol/drugs

Regular exercise

Tooth and gum care

Pubertal changes/sex

#### **Safety**

Seat belts/ Auto safety

Bicycles/ATV/Skating

Water Safety

Fire/smoke detectors

Firearm safety

#### **Family**

Security

Discipline patterns

Handling Responsibility

Communications

Handling losses

### **Physical Exam:**

General appearance

Skin

Head

Eyes

Ears

Nose

Oropharynx

Teeth

Neck/nodes

Heart

Chest & lungs

Cardiovascular/pulses

Abdomen

Genitalia

Musculoskeletal

Neuro/reflexes

Further description of PE: \_\_\_\_\_

\_\_\_\_\_

### **Screening:**

Vision

R-20/

L-20/

Hearing

Hemoglobin

Lead questionnaire

Tuberculosis questionnaire

Dental referral

### **Assessment:** (List problems & status)

1.

2.

3.

### **Plan:** (Immunizations, PPD, Medications, Referrals, Follow up)

1.

2.

3.

--	--