

5 to 12 years Worksheet

DATE:	AGE:	Reason for visit (well check):
Interim History since last well child visit:		
Concerns to discuss today: <i>OLD CARTS, present history in logical, chronological order</i>		
Review Past Medical History/Family Medical History (PMH/FMH): <i>Include appropriate information, including dates of hospitalizations/surgeries if possible, ages/illnesses of relatives</i>		
Medications: <i>Include names, dosages, and frequencies of prescription, over-the-counter, and alternative therapies</i>		
Allergies: <i>Include drug, food, and environmental allergies and patient's reaction</i>		
Social History: <i>Include who lives at home, who cares for the child/daycare, smoke exposure, pets</i>		
Nutritional Assessment: <i>Liquid intake: (water/milk/other – such as juice/sugary drinks)</i> <i>Food groups consumed:</i> <i>Discuss portion sizes:</i>		<i>Snack choices:</i> <i>Urination:</i> <i>Stooling:</i> <i>Parent concerns regarding nutrition</i>
Mental Health Assessment: <i>Include: Sleep, Family stresses, Parenting needs, Child abuse risk, Behavior challenges</i>		
Developmental Assessment: <i>School performance/extra-curricular activities, communication effectiveness (verbal/written), interpersonal relationships</i>		
Review of Systems: Physical Exam: Vital signs <i>Include Weight _____ (%) _____, Length _____ (%) _____,</i> <i>BMI _____ (%) _____, Temperature _____, Pulse _____,</i> <i>Respiratory Rate _____, Blood Pressure _____</i> General appearance Head Eyes Ears Nose Mouth and Teeth		Oropharynx Neck/Nodes Respiratory Cardiovascular Abdominal Genitalia Musculoskeletal Neurologic/Reflexes Skin Other
Screening: <i>Vision, Hearing, Hemoglobin, Tuberculosis questionnaire, Dental screening</i>		
Health Education/Anticipatory Guidance: <i>Nutrition: Growth charts, Healthy diet</i> <i>Safety: Fire/smoke detectors, Car seats/booster seats, ingestions, Choking, Stranger safety, Internet safety, Firearm safety</i> <i>Health Promotion: immunizations, Tobacco exposure, Medical resources, Limit screen time, monitor screen content</i> <i>Family: siblings, address concerns</i>		
Immunizations indicated today:		
Labs (hemoglobin/lipids/other) indicated today: Based on screening and Texas Health Steps recommendations		
Next Well Check:		