

PEDIATRIC VISIT 6 to 11 YEARS

DATE OF SERVICE _____

NAME _____ M / F DATE OF BIRTH _____ AGE _____

WEIGHT _____ / _____ % HEIGHT _____ / _____ % BMI _____ / _____ % TEMP _____ BP _____

HISTORY REVIEW/UPDATE: *(note changes)*

Medical history updated? _____
Family health history updated? _____
Reactions to immunizations? Yes / No _____
Concerns: _____

PSYCHOSOCIAL ASSESSMENT:

Child care:

Recent changes in family: *(circle all that apply)*

New members, separation, chronic illness, death, recent move, loss of job, other _____

Environment: Smokers in home? Yes / No

Violence Assessment:

History of injuries, accidents? Yes / No
Evidence of neglect or abuse? Yes / No

RISK ASSESSMENT:

CHOL **TB** **ANEMIA (Age 11)**
(Circle) Pos / Neg Pos / Neg Pos / Neg

SUBSTANCE USE (Age 11):

Tobacco **ETOH** **DRUGS**
(Circle) Pos / Neg Pos / Neg Pos / Neg

Counseling provided? Yes/No _____
Referral? Yes/No To: _____

MENTAL HEALTH ASSESSMENT:

PHQ-9 completed (age 11) Yes/No _____
Problem identified? Yes / No _____
Counseling provided? Yes / No _____
Referral? Yes / No To: _____

PHYSICAL EXAMINATION

Wnl Abn *(describe abnormalities)*
 Appearance/Interaction
 Growth
 Skin
 Head/Face
 Eyes/Red reflex
 Cover test/Eye muscles
 Ears
 Nose/Mouth/Gums/Dentition
 Neck/Nodes
 Lungs
 Heart/Pulses
 Chest/Breasts
 Abdomen
 Genitals/Tanner stage
 Musculoskeletal
 Neuro/Reflexes
 Vision *(gross assessment)*
 Hearing *(gross assessment)*

NUTRITIONAL ASSESSMENT:

Typical diet *(specify foods):*

Physical Activities:

At least 1hr. exercise daily? Yes / No

Education: Choose foods from food guide pyramid Sociable at table
Lowfat food choices, including milk Choose healthy foods at school
5 fruits/vegetables daily No sweetened beverages 2hrs or less TV

DEVELOPMENTAL SURVEILLANCE:

School: Grade: _____ Performance: _____

Peer Relations:

Family Relations:

Extracurricular activities:

Misc. issues:

ANTICIPATORY GUIDANCE:

Social: Responsibility for self , for school Competitiveness
Family vs. peer activities Caution with strangers/animals
Teach address and phone number

Parenting: Increased autonomy in decisions Communicate
Praise and encourage Give allowance
Assist in handling money Establish fair rules

Play and communication: Organized sports Hobbies
Monitor TV use

Health: Dental care Fluoride Personal hygiene
Physical activity Smoking Second hand smoke
Use sunscreen Tick prevention

Sexuality: Prepare for physical changes Early sex education
Masturbation Modesty

Injury prevention: Seat belt Rear seat until age 12 years
Riding toys in traffic environment Bicycle helmets Water safety
Hot water 120° Fall prevention (playground) Matches
Protective devices in sports Smoke detector/escape plan
Poisoning (Plants, drugs, products) Poison control #
Firearms (look alike toys; owner risk/safe storage)

PLANS/ORDERS/REFERRALS

1. Review immunizations and bring up to date _____
2. Objective Hearing and Vision Tests (recommended) _____
3. PPD, if positive risk assessment _____
4. Testing/counseling, if positive cholesterol risk assessment _____
5. Dyslipidemia testing Yes No (Req. between 9-11 years)
6. Testing /counseling if anemia risk assessment is positive _____
7. Dental visit advised or date of last visit _____
8. Next preventive appointment at _____
9. Referrals for identified problems: Yes / No *(specify)* _____

Signatures: _____