WELL CHILD 6 – 7 – 8 YEARS	Name: ☐ Female ☐ Male
Visit Date: ___/____/____	DOB: ____/____/____ Age: _____
Language: ☐ English Other:	☐ Interpreter used – Name:

BP:	T:	P:	RR:	Height: in.	Weight: lb.	BMI %:	☐ Growth charts completed

Reason for visit: ☐ well visit

Allergies: | **Signature/ Title:**

INTERVAL HISTORY: ☐ Exposure to tobacco smoke

Diet: ☐ low fat milk

Foods: **Seeing dentist:** ☐ Yes ☐ No

Appetite: **TB risk:** ☐ No ☐ Yes

Significant weight ☐ loss ☐ gain lbs.

Exercise:

Illnesses:

After school care:

PARENTAL CONCERNS

GROWTH and DEVELOPMENT

☐ Counts to 10 (6 y)	☐ Tells time (8y)
☐ Prints name (6 y)	☐ Reads for pleasure (8y)
☐ Knows R from L (6 y)	☐ Concern for others (8y)
☐ Ties shoes (6 y)	☐ Cares for room/belongings (8y)

EDUCATION / ANTICIPATORY GUIDANCE: *Check if discussed*

Diet and Exercise	☐ regular balanced meals with healthy snacks ☐ appropriate weight ☐ physical activity
Safety	☐ bike helmet ☐ household safety ☐ water safety ☐ car seat/seat belt ☐ street dangers ☐ caution with strangers ☐ weapons ☐ sun screen
Guidance	☐ school ☐ TV/media monitoring ☐ puberty ☐ basic sex education ☐ family dynamics ☐ household chores ☐ rules/consequences

PHYSICAL EXAMINATION – *note required for all not WNL*

General Appearance	☐ well nourished and developed ☐ no abuse/neglect evident	**Lungs**	☐ clear to auscultation bilaterally
		Heart	☐ regular rhythm ☐ no murmur
Head	☐ grossly normal	**Femoral pulses**	☐ normal bilaterally
Eyes	☐ red reflex present R L ☐ vision grossly normal	**Abdomen**	☐ soft, no masses ☐ liver & spleen normal
Ears	☐ canals clear ☐ TMs normal ☐ hearing grossly normal	**Genitalia**	☐ grossly normal - Tanner stage: I II
		Spine	☐ normal
Nose/mouth	☐ patent ☐ MM pink, no lesions	**Extremities**	☐ no deformities, full ROM
Teeth	☐ dentition WNL ☐ no cavities evident	**Skin**	☐ clear, no significant lesions
Neck	☐ supple / no masses	**Neurologic**	☐ normal tone ☐ normal DTR's
Chest Breasts (F)	☐ symmetrical ☐ no masses - Tanner stage: I II		

Comments:

VISION	**Near**	OD:	OS:	OU:
	Far	OD:	OS:	OU:
AUDIO - metry	**Right**	dB	Hz	☐ WNL
	Left	dB	Hz	☐ WNL

Performed by:

ASSESSMENT:	**PLAN:**

ORDERS: ☐ Vaccine reactions, risks and follow-up explained /VIS sheets given ☐ Immunization registry entry

Immunizations- *If not up to date:* ☐ DTaP *(6 yrs)* ☐ Td *(7-8 yrs)* ☐ IPV ☐ MMR ☐ Varicella *(6 yrs)* ☐ Influenza *(yearly)*

Fluoride - ☐ Rx. 0.5 mg qd ☐ Fluoride varnish ☐ **Vision screening** (yearly) ☐ **Audiometry**

Labs: ☐ U/A

REFERRAL: _____ ☐ PM 160 completed

Next appointment: ☐ 1 year Other: _____ **Provider Signature:** _____