

Name: _____ DOB: _____ Actual Age: _____

Language Spoken _____ Interpreter Name _____

Date: _____

4 - 5 YEARS

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BMI%: _____ BP: _____ Temp.: _____ Pulse: _____ Resp.: _____

Allergies: _____ Growth Charts Completed: []

Abuse: Witness or Victim: _____ Notes: _____

Alternate health care provider: _____ MA Signature _____

INTERVAL HISTORY

Fatigue, nightmares, enuresis, wt. loss or gain: _____

Diet: _____ Has WIC: Yes / No _____ Stools: _____

Illnesses: _____ Sleep Pattern: _____ Seeing dentist: Yes / No _____

Accidents: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma _____

Meds./Vits.: _____ Exposure to tobacco smoke: _____ TB Risk: Yes / No _____

GROWTH-DEVELOPMENT: Physical activity: _____

- | | |
|---|---|
| <input type="checkbox"/> Hops on one foot | <input type="checkbox"/> Plays with several children |
| <input type="checkbox"/> Counts 4 pennies | <input type="checkbox"/> Recognizes 3-4 colors |
| <input type="checkbox"/> Copies a square | <input type="checkbox"/> Knows opposites |
| <input type="checkbox"/> Catches, throws a ball | <input type="checkbox"/> Knows name, address, phone no. |

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance	<input type="checkbox"/> Well nourished and developed	Teeth	<input type="checkbox"/> Grossly normal, no cavities
	<input type="checkbox"/> No abuse/neglect evident	Heart	<input type="checkbox"/> No murmurs, regular rhythm
Head	<input type="checkbox"/> Symmetrical	Lungs	<input type="checkbox"/> Breath sounds normal bilaterally
Eyes	<input type="checkbox"/> Conjunctivae, sclerae, pupils normal	Abdomen	<input type="checkbox"/> Soft, no masses, liver & spleen normal
	<input type="checkbox"/> Red reflexes present	Genitalia: Male	<input type="checkbox"/> Normal appearance, circ./uncirc.
	<input type="checkbox"/> Appears to see [] No strabismus		<input type="checkbox"/> Testes in scrotum
Ears	<input type="checkbox"/> Canals clear, TMs normal	Female	<input type="checkbox"/> No lesions, nl external appearances
	<input type="checkbox"/> Appears to hear	Hips	<input type="checkbox"/> Good abduction
Nose	<input type="checkbox"/> Passages patent	Femoral pulses	<input type="checkbox"/> Present and equal
Mouth & pharynx	<input type="checkbox"/> Normal color, no lesions, no cavities	Extremities	<input type="checkbox"/> No deformities, full ROM
Neck	<input type="checkbox"/> Supple, no masses palpated	Skin	<input type="checkbox"/> Clear, no significant lesions
		Neurologic	<input type="checkbox"/> Alert, moves extremities well

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given

- | | | |
|--|---|---|
| <input type="checkbox"/> DTAP | <input type="checkbox"/> UA at 5 years | <input type="checkbox"/> MCV4 (high risk) |
| <input type="checkbox"/> IPV | <input type="checkbox"/> Vision screening Yearly | <input type="checkbox"/> PPD |
| <input type="checkbox"/> Hep B (if not previously done) | <input type="checkbox"/> Audiometry at 4 and 5 years | |
| <input type="checkbox"/> MMR | <input type="checkbox"/> Lead Blood Test (if not in chart) | |
| <input type="checkbox"/> Varicella (second dose) | <input type="checkbox"/> WIC Referral given | |
| <input type="checkbox"/> Hep A (if not previously done) | <input type="checkbox"/> Dental Referral given | |
| <input type="checkbox"/> HCT (if high risk) | <input type="checkbox"/> Rx for fluoride drops/chewable tabs .50/1.0 QD till age 14 | |
| <input type="checkbox"/> Influenza vaccine (check recommendations) | <input type="checkbox"/> Immunization Registry entry | |
| <input type="checkbox"/> Fluoride varnish application | <input type="checkbox"/> Lipid Profile (if high risk) | |

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Regular balanced meals with snacks, caloric balance, sweets, Fe, Na, meal socialization, school lunch program
 Injury & Violence prevention: Street dangers, knives, falls, drowning, caution with strangers, smoke detector, hot water temp.,
 Window guards, pool fence, bike helmet, poison center phone, storage of drugs, toxic chemicals, matches, and guns, burns, lead poisoning prevention
 Education on Fluoride varnish treatment.
 Guidance: Knows name, address, phone no., plays with other children, imitates adults, honest & simple answers regarding sex, dressing self, B&B problems, school plans, TV programs, play supervision, regular exercise, UV skin protection, dentist Q 1 yr, tooth care, parent smoking, strangers, school readiness, seat belt use, childcare plan, emergency care plan, physical activity, sun screen

[] Refer to appropriate agency.

Next appointment [] 1 year or _____ Signature _____ Date _____