

Name: _____ DOB: _____ Actual Age: _____

Language Spoken _____ Interpreter Name _____

Date: _____

4 - 5 YEARS

NURSING INTAKE			
Height:	Weight:	BMI:	BMI%:
Allergies:		BP:	Temp.:
Abuse: Witness or victim:		Pulse:	
Alternate health care provider:		Resp.:	
INTERVAL HISTORY		Growth charts completed: []	
Diet:	Has WIC: Yes / No	Notes:	
Illnesses:	MA signature		
Accidents:	Fatigue, nightmares, enuresis, wt. loss or gain:		
Meds./Vits.:	Stools:		
Sleep pattern:		Seeing dentist: Yes / No	
Family history: HTN, heart disease, high cholesterol, DM, asthma			
Exposure to tobacco smoke:		TB Risk: Yes / No	
GROWTH-DEVELOPMENT: Physical activity: _____			
[] Hops on one foot	[] Plays with several children		
[] Counts 4 pennies	[] Recognizes 3-4 colors		
[] Copies a square	[] Knows opposites		
[] Catches, throws a ball	[] Knows name, address, phone no.		
PARENTAL/PATIENT CONCERNS:			
PHYSICAL EXAMINATION			
General Appearance [] Well nourished and developed	Teeth [] Grossly normal, no cavities		
[] No abuse/neglect evident	Heart [] No murmurs, regular rhythm		
Head [] Symmetrical	Lungs [] Breath sounds normal bilaterally		
Eyes [] Conjunctivae, sclerae, pupils normal	Abdomen [] Soft, no masses, liver & spleen normal		
[] Red reflexes present	Genitalia: Male [] Normal appearance, circ./uncirc.		
[] Appears to see [] No strabismus	[] Testes in scrotum		
Ears [] Canals clear, TMs normal	Female [] No lesions, nl external appearances		
[] Appears to hear	Hips [] Good abduction		
Nose [] Passages patent	Femoral pulses [] Present and equal		
Mouth & pharynx [] Normal color, no lesions, no cavities	Extremities [] No deformities, full ROM		
Neck [] Supple, no masses palpated	Skin [] Clear, no significant lesions		
	Neurologic [] Alert, moves extremities well		
ASSESSMENT:			
PLAN:			
ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given			
[] DTAP	[] UA at 5 years	[] MCV4 (high risk)	
[] IPV	[] Vision screening Yearly	[] PPD	
[] Hep B (if not previously done)	[] Audiometry at 4 and 5 years		
[] MMR	[] Lead Blood Test (if not in chart)		
[] Varicella (second dose)	[] WIC Referral given		
[] Hep A (if not previously done)	[] Dental Referral given		
[] HCT (if high risk)	[] Rx for fluoride drops/chewable tabs .50/1.0 QD till age 14		
[] Influenza vaccine (check recommendations)	[] Immunization Registry entry		
[] Fluoride varnish application	[] 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 _____