

Name: _____ DOB: _____ Actual age: _____

Language spoken: _____ Interpreter name: _____

Date: _____

6 - 7 - 8 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	Appetite:	Weight loss/gain:
Diet:	Meds/vits:	Seeing dentist: Yes/No
Physical activity:	Dental home:	
Accidents:	Family history: HTN, heart disease, high cholesterol, DM, asthma	
Fatigue, nightmares, enuresis:	Exposure to tobacco smoke:	TB Risk: Yes / No

GROWTH/SCHOOL PROGRESS:
 Achievement, sports, peer relationship, attendance, school vision or hearing problem, attendance:

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well-nourished and developed	Breast (female) [] No masses, Tanner stage I II III IV V
[] No abuse/neglect evident	Lungs [] Clear to auscultation bilaterally
Head [] No lesions	Abdomen [] Soft, no masses, liver and spleen normal
Eyes [] PERRL, conjunctivae & sclerae clear	Genitalia [] Grossly nl, Tanner stage I II III IV V
[] Vision grossly normal	Male [] Circ./uncirc. [] Testes in scrotum
Ears [] Canals clear, TMs normal	Female [] No lesions, nl external appearances
[] Hearing grossly normal	Femoral pulses [] Normal
Nose [] Passages clear, MM pink, no lesions	Extremities [] No deformities, full ROM
Teeth [] Grossly normal, no cavities	Lymph nodes [] Not enlarged
Neck [] Supple, no masses, thyroid not enlarged	Back [] No scoliosis
Chest [] Symmetrical	Skin [] Clear, no significant lesions
Heart [] No organic murmurs, regular rhythm	Neurologic [] Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained/VIS sheets given. [] MMR (if not up to date)

[] DTaP (if not up to date)	[] HCT	[] Lipid Profile (if high risk)
[] IPV (if not up to date)	[] Influenza vaccine (check recommendations)	
[] Hep B (if not up to date)	[] Vision screening	[] PPD (if high risk)
[] Varicella (if not up to date or history date documented)	[] Audiometry	[] UA
[] Hep A (if not up to date)	[] Dental referral given	[] MCV4 (if high risk)
[] Immunization Registry Entry	[] Rx for fluoride .50/1.0 mg QD till age 14	

ANTICIPATORY GUIDANCE: Circle if discussed
 Diet: Limit fat, especially sat. & cholesterol, sweets, sodium, caloric balance, physical activity.
 Injury and violence prevention: Seat belt use, swimming, water safety, bike helmet, drug and ETOH avoidance education, smoke detector, storage of guns, drugs, toxic chemicals, matches, unsupervised play.
 Guidance: Bed time, discipline, smoking, early sex education and puberty, progress, tooth brushing, dentist, UV skin protection, regular exercise, school achievement, fun, friends, family life education, child sexual abuse, physical activity.

[] Refer to appropriate agency.
 Next appointment [] 1 year or _____ Signature _____ Date _____