WELL MIDDLE ADOLESCENT EXAM
15–16–17 YEARS

Name: ____________________ Date: ____________

D.O.B. __________ Age: ______ Informant: ____________
(consider private interview)

Allergies: ____________________ Meds: ____________________

INTERVAL HISTORY

Diet:

Concerns:

Illnesses/Injuries:
Sleep pattern:
Supervision:
Changes in the home:
Menstrual Hx:

VITALS

Temp:
Pulse:
Resp:
BP:
Wt:
Ht:
BMI:

SCHOOL/SOCIAL

YES	NO	
☐	☐	Is school work difficult for you?
☐	☐	Do you attend school regularly?
☐	☐	Are the rules in your family clear and reasonable?
☐	☐	Do you work? If yes, # of hours ________ .
☐	☐	Do you ever feel really down or depressed?
☐	☐	Do you like the way you look?
☐	☐	Do you or your friends use tobacco, alcohol, or drugs?
☐	☐	Do you date?
☐	☐	Do you ever feel unsafe?

VISION SCREEN

R: ___/___ L: ___/___ Nurse: ______________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance	☐	
Skin	☐	Acne:
Head	☐	
Eyes	☐	
ENT	☐	
Teeth	☐	
Neck / Thyroid	☐	
Lungs	☐	Tanner St. F: Br: I II III IV V
Heart/Pulses	☐	PH: I II III IV V
Abdomen	☐	M: Gen: I II III IV V
Genitalia	☐	PH: I II III IV V
Back/Extremities	☐	Scoliosis:
Neurologic/DTRs	☐	
Caregiver Interaction	☐	Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Middle Adolescent Exam

P.

IMMUNIZATION/LABORATORY/MISCELLANEOUS

- ☐ Td, if indicated
- ☐ HBV, if indicated
- ☐ Hgb yearly in post-menarchal females
- ☐ Dipstick UA, if indicated
- ☐ Multivitamin, if indicated
- ☐ Varicella, if indicated
- ☐ Immunizations reviewed & up-to-date
- ☐ PPD, if at risk
- ☐ Cholesterol, if at risk
- ☐ STD test/PAP, if indicated

EDUCATION

☐ **Healthy Habits:** sunscreen/tanning; physical activity; limit TV/computer; BSE/TBE; tobacco/alcohol/drugs; oral health; adequate sleep; piercings-tattoos.

☐ **Diet:** 1500 mg CA/day; skim milk; 5-A-Day; breakfast; low-fat, varied diet; limit pop; binging, purging, fasting; fad diets/diet pills/steroids

☐ **Injury Prevention:** seat belts; driver/passenger safety; weapons; helmets; fire safety

☐ **Family/Social Interactions:** peer pressure and refusal skills; safe relationships; family time; know friends; respect parent's rules and consequences; chores; social responsibility; spiritual health

☐ **Other:** normal sexual feelings/how to say no, abstinence; new skills, talents, interests; future plans, college, career

Signature: ______________________________

Dictation: ☐ Yes ☐ No Follow-up: ______________ & prn

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WELL MIDDLE ADOLESCENT EXAM
15–16–17 YEARS

Name: ____________________ Date: ____________

D.O.B. __________ Age: ______ Informant: ____________
(consider private interview)

Allergies: ____________________ Meds: ____________________

INTERVAL HISTORY

Diet:

Concerns:

Illnesses/Injuries:
Sleep pattern:
Supervision:
Changes in the home:
Menstrual Hx:

VITALS

Temp:
Pulse:
Resp:
BP:
Wt:
Ht:
BMI:

SCHOOL/SOCIAL

YES	NO	
☐	☐	Is school work difficult for you?
☐	☐	Do you attend school regularly?
☐	☐	Are the rules in your family clear and reasonable?
☐	☐	Do you work? If yes, # of hours ________ .
☐	☐	Do you ever feel really down or depressed?
☐	☐	Do you like the way you look?
☐	☐	Do you or your friends use tobacco, alcohol, or drugs?
☐	☐	Do you date?
☐	☐	Do you ever feel unsafe?

VISION SCREEN

R: ___/___ L: ___/___ Nurse: ______________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance	☐	
Skin	☐	Acne:
Head	☐	
Eyes	☐	
ENT	☐	
Teeth	☐	
Neck / Thyroid	☐	
Lungs	☐	Tanner St. F: Br: I II III IV V
Heart/Pulses	☐	PH: I II III IV V
Abdomen	☐	M: Gen: I II III IV V
Genitalia	☐	PH: I II III IV V
Back/Extremities	☐	Scoliosis:
Neurologic/DTRs	☐	
Caregiver Interaction	☐	Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Middle Adolescent Exam

P.

IMMUNIZATION/LABORATORY/MISCELLANEOUS

- ☐ Td, if indicated
- ☐ HBV, if indicated
- ☐ Hgb yearly in post-menarchal females
- ☐ Dipstick UA, if indicated
- ☐ Multivitamin, if indicated
- ☐ Varicella, if indicated
- ☐ Immunizations reviewed & up-to-date
- ☐ PPD, if at risk
- ☐ Cholesterol, if at risk
- ☐ STD test/PAP, if indicated

EDUCATION

☐ **Healthy Habits:** sunscreen/tanning; physical activity; limit TV/computer; BSE/TBE; tobacco/alcohol/drugs; oral health; adequate sleep; piercings-tattoos.

☐ **Diet:** 1500 mg CA/day; skim milk; 5-A-Day; breakfast; low-fat, varied diet; limit pop; binging, purging, fasting; fad diets/diet pills/steroids

☐ **Injury Prevention:** seat belts; driver/passenger safety; weapons; helmets; fire safety

☐ **Family/Social Interactions:** peer pressure and refusal skills; safe relationships; family time; know friends; respect parent's rules and consequences; chores; social responsibility; spiritual health

☐ **Other:** normal sexual feelings/how to say no, abstinence; new skills, talents, interests; future plans, college, career

Signature: ______________________________

Dictation: ☐ Yes ☐ No Follow-up: ______________ & prn

MCI WELL EARLY ADOLESCENT EXAM
11–12–13–14 YEARS

Name: ______________________ Date: ______________

D.O.B. __________ Age: ______ Informant: ____________
(consider private interview)

Allergies: __________________ Meds: ________________

INTERVAL HISTORY

Diet:

Exposure to smoke:
Behavior concerns:

Other concerns:

Illnesses/Injuries:
Sleep pattern:
Hearing:
Changes in the home:
Supervision:
Menstrual Hx:

VITALS

Temp:
Pulse:
Resp:
BP:
Wt:
Ht:
BMI:

SCHOOL/SOCIAL

YES	NO	
☐	☐	Attends school regularly?
☐	☐	Reading/math at grade level?
☐	☐	Trouble with school or law?
☐	☐	Do you feel safe?
☐	☐	Do you often feel down or depressed?
☐	☐	Do you use tobacco, alcohol or drugs?
☐	☐	Have you started dating?
☐	☐	Do you like the way you look?

VISION SCREEN

R: __/__ L: __/__

Nurse: ______________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance	☐	
Skin	☐	Acne:
Head	☐	
Eyes	☐	
ENT	☐	
Teeth	☐	
Neck / Thyroid	☐	
Lungs	☐	
Heart/Pulses	☐	
Abdomen	☐	
Genitalia	☐	
Back/Extremities	☐	Scoliosis:
Neurologic/DTRs	☐	
Caregiver Interaction	☐	Abuse or Neglect:

Tanner St.							
F:	Br:	I	II	III	IV	V
	PH:	I	II	III	IV	V
M:	Gen:	I	II	III	IV	V
	PH:	I	II	III	IV	V

PROBLEMS – PLANS – FOLLOW UP

A. Well Early Adolescent Exam

P.

IMMUNIZATION/LABORATORY/MISCELLANEOUS

- ☐ Td, if indicated
- ☐ HBV, if indicated
- ☐ Hgb yearly in post-menarchal females
- ☐ Dipstick UA, if indicated
- ☐ Multivitamin, if indicated
- ☐ Varicella, if indicated
- ☐ Immunizations reviewed & up-to-date
- ☐ PPD, if at risk
- ☐ Cholesterol, if at risk
- ☐ STD test/PAP, if indicated

EDUCATION

- ☐ **Healthy Habits:** sunscreen; physical activity; limit computer/TV; BSE/TSE; tobacco, alcohol, drugs; oral health.
- ☐ **Diet:** 1500 mg CA/day; skim milk; 5-A-Day; breakfast; low-fat, varied diet; limit pop; binging, purging, fasting
- ☐ **Injury Prevention:** seat belt; backseat till 12; helmet; gun safety; water safety.
- ☐ **Family/Social interactions:** home-alone rules; family rules; family traditions; know friends; household/social responsibility; spiritual health
- ☐ **Other:** expected body chang~~es; how to say no, abstinence; emerging~~ independence/negotiating rules; clear expectations; peer pressure

Signature: ______________________________

Dictation: ☐ Yes ☐ No Follow-up: ______________ & prn

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MCI WELL EARLY ADOLESCENT EXAM
11–12–13–14 YEARS

Name: ______________________ Date: ______________

D.O.B. __________ Age: ______ Informant: ____________
(consider private interview)

Allergies: __________________ Meds: ________________

INTERVAL HISTORY

Diet:

Exposure to smoke:
Behavior concerns:

Other concerns:

Illnesses/Injuries:
Sleep pattern:
Hearing:
Changes in the home:
Supervision:
Menstrual Hx:

VITALS

Temp:
Pulse:
Resp:
BP:
Wt:
Ht:
BMI:

SCHOOL/SOCIAL

YES NO
☐ ☐ Attends school regularly?
☐ ☐ Reading/math at grade level?
☐ ☐ Trouble with school or law?
☐ ☐ Do you feel safe?
☐ ☐ Do you often feel down or depressed?
☐ ☐ Do you use tobacco, alcohol or drugs?
☐ ☐ Have you started dating?
☐ ☐ Do you like the way you look?

VISION SCREEN

R: __/__ L: __/__

Nurse: ______________________

PHYSICAL EXAM

WNL Abnormals / Comments
General Appearance ☐
Skin ☐ Acne:
Head ☐
Eyes ☐
ENT ☐
Teeth ☐
Neck / Thyroid ☐
Lungs ☐
Heart/Pulses ☐
Abdomen ☐
Genitalia ☐
Back/Extremities ☐ Scoliosis:
Neurologic/DTRs ☐
Caregiver Interaction ☐ Abuse or Neglect:

Tanner St. F: Br: I II III IV V
PH: I II III IV V
M: Gen: I II III IV V
PH: I II III IV V

PROBLEMS – PLANS – FOLLOW UP

A. Well Early Adolescent Exam

P.

IMMUNIZATION/LABORATORY/MISCELLANEOUS

☐ Td, if indicated
☐ HBV, if indicated
☐ Hgb yearly in post-menarchal females
☐ Dipstick UA, if indicated
☐ Multivitamin, if indicated
☐ Varicella, if indicated
☐ Immunizations reviewed & up-to-date
☐ PPD, if at risk
☐ Cholesterol, if at risk
☐ STD test/PAP, if indicated

EDUCATION

☐ Healthy Habits: sunscreen; physical activity; limit computer/TV; BSE/TSE; tobacco, alcohol, drugs; oral health.
☐ Diet: 1500 mg CA/day; skim milk; 5-A-Day; breakfast; low-fat, varied diet; limit pop; binging, purging, fasting
☐ Injury Prevention: seat belt; backseat till 12; helmet; gun safety; water safety.
☐ Family/Social interactions: home-alone rules; family rules; family traditions; know friends; household/social responsibility; spiritual health
☐ Other: expected body changes; how to say no, abstinence; emerging independence/negotiating rules; clear expectations; peer pressure

Signature: ______________________________

Dictation: ☐ Yes ☐ No Follow-up: ______________ & prn

WELL CHILD EXAM
8–9–10 YEARS

Name: ____________________ Date: ____________

D.O.B. ________ Age: _____ Informant: ____________

Allergies: ______________ Meds: ______________

INTERVAL HISTORY

Diet:

Exposure to smoke:
Behavior problems:

Illnesses/Injuries:
Stools:
Sleep pattern:

Caregiver concerns:

Hearing:
Child care:
Changes in the home:

VITALS	SCHOOL PERFORMANCE
	YES NO
Temp:	☐ ☐ Attends school regularly
Pulse:	☐ ☐ Reading/math at grade level
Resp:	☐ ☐ Able to follow rules
BP:	☐ ☐ Interacts positively w/peers (bullying)/teachers
Wt:	☐ ☐ Discusses school day at home
Ht:	☐ ☐ Feels safe
BMI:	☐ ☐ Teacher concerns: ____________

VISION SCREEN
R: __/__ L: __/__ Nurse: ____________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance	☐	
Skin	☐	Acne:
Eyes	☐	
ENT	☐	
Teeth	☐	
Neck / Thyroid	☐	
Lungs	☐	Tanner St. F: Br: I II III IV V
Heart/Pulses	☐	PH: I II III IV V
Abdomen	☐	M: Gen: I II III IV V
Genitalia	☐	PH: I II III IV V
Back/Extremities	☐	Scoliosis:
Neurologic/DTRs	☐	
Caregiver Interaction	☐	Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

☐ Immunizations reviewed and up-to-date (esp. varicella status)

☐ PPD, if at risk ☐ Cholesterol, if at risk

EDUCATION

☐ **Healthy Habits:** sunscreen; adequate sleep; physical activity; oral health; insect protection; tobacco/alcohol/drugs

☐ **Diet:** breakfast; 5-A-Day; limit high fat/low nutrient foods; skim milk; fiber; family meals

☐ **Injury Prevention:** car safety – back seat; booster seat to 80 lbs. and 57"; gun and fire safety; helmet

☐ **Family/Social Interactions:** supervision before and after school; age-appropriate sex education/puberty; limit TV/video/computer; know child's friends; limits; consequences; personal space

☐ **Other:** reading; hobbies; handling anger/conflict resolution; peer pressure

Signature: ______________________________

Dictation: ☐ Yes ☐ No Follow-up: ____________ & prn

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WELL CHILD EXAM
8–9–10 YEARS

Name: ____________________ Date: ____________

D.O.B. ________ Age: _____ Informant: ____________

Allergies: ______________ Meds: ______________

INTERVAL HISTORY

Diet:

Exposure to smoke:
Behavior problems:

Illnesses/Injuries:
Stools:
Sleep pattern:

Caregiver concerns:

Hearing:
Child care:
Changes in the home:

VITALS / SCHOOL PERFORMANCE
YES NO
Temp: ☐ ☐ Attends school regularly
Pulse: ☐ ☐ Reading/math at grade level
Resp: ☐ ☐ Able to follow rules
BP: ☐ ☐ Interacts positively w/peers (bullying)/teachers
Wt: ☐ ☐ Discusses school day at home
Ht: ☐ ☐ Feels safe
BMI: ☐ ☐ Teacher concerns: ____________

VISION SCREEN
R: __/__ L: __/__ Nurse: ____________________

PHYSICAL EXAM
WNL Abnormals / Comments
General Appearance ☐
Skin ☐ Acne:
Eyes ☐
ENT ☐
Teeth ☐
Neck / Thyroid ☐
Lungs ☐ Tanner St. F: Br: I II III IV V
Heart/Pulses ☐ PH: I II III IV V
Abdomen ☐ M: Gen: I II III IV V
Genitalia ☐ PH: I II III IV V
Back/Extremities ☐ Scoliosis:
Neurologic/DTRs ☐
Caregiver Interaction ☐ Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

☐ Immunizations reviewed and up-to-date (esp. varicella status)

☐ PPD, if at risk ☐ Cholesterol, if at risk

EDUCATION

☐ Healthy Habits: sunscreen; adequate sleep; physical activity; oral health; insect protection; tobacco/alcohol/drugs

☐ Diet: breakfast; 5-A-Day; limit high fat/low nutrient foods; skim milk; fiber; family meals

☐ Injury Prevention: car safety – back seat; booster seat to 80 lbs. and 57"; gun and fire safety; helmet

☐ Family/Social Interactions: supervision before and after school; age-appropriate sex education/puberty; limit TV/video/computer; know child's friends; limits; consequences; personal space

☐ Other: reading; hobbies; handling anger/conflict resolution; peer pressure

Signature: ______________________________

Dictation: ☐ Yes ☐ No Follow-up: ____________ & prn

WELL CHILD EXAM
6–7 YEARS

Name: ______________ Date: ______________

D.O.B. __________ Age: ______ Informant: ______________

Allergies: ______________ Meds: ______________

INTERVAL HISTORY

Diet:

Booster seat:

Illnesses/Injuries:

Exposure to smoke:

Stools:

Behavior problems:

Sleep pattern:

Hearing:

Caregiver concerns:

Child care:

Changes in the home:

VITALS

Temp:

Pulse:

Resp:

BP:

Wt:

Ht:

BMI:

SCHOOL PERFORMANCE

YES	NO	
☐	☐	Attends school regularly
☐	☐	Progressing satisfactorily
☐	☐	Able to follow rules at school
☐	☐	Keeps up with other children at play
☐	☐	Interacts positively with peers/teachers
☐	☐	Teacher concerns: ______________

VISION SCREEN

R: ___/___ L: ___/___ Nurse: ______________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head		
Eyes		
ENT		
Teeth		
Neck / Thyroid		
Lungs		
Heart/Pulses		
Abdomen		
Genitalia		
Extremities/Back		
Neurologic/DTRs		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

☐ Immunizations reviewed and up-to-date ☐ PPD, if at risk

☐ Cholesterol, if at risk

EDUCATION

☐ **Healthy Habits:** adequate sleep; frequent physical activity; oral health; sunscreen; smoke-free environment

☐ **Diet:** breakfast; limit high fat/low nutrient foods; 5-A-Day; skim milk; fiber; limit carbonated beverages; TV off during meals; family meals

☐ **Injury Prevention:** car safety – booster seat until 80 lbs. and 57", back seat; helmets; fire, gun, and water safety

☐ **Family/Social interactions:** know friends; limit TV, computer games; read; assign simple chores; anger management; family rules

☐ **Other:** safe after-school environment; visit school; avoid over-scheduling

Signature: ______________

Dictation: ☐ Yes ☐ No Follow-up: ______________ & pm

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WELL CHILD EXAM
6–7 YEARS

Name: ______________ Date: ______________

D.O.B. __________ Age: ______ Informant: ______________

Allergies: ______________ Meds: ______________

INTERVAL HISTORY

Diet:

Booster seat:

Illnesses/Injuries:

Exposure to smoke:

Stools:

Behavior problems:

Sleep pattern:

Hearing:

Caregiver concerns:

Child care:

Changes in the home:

VITALS

Temp:

Pulse:

Resp:

BP:

Wt:

Ht:

BMI:

SCHOOL PERFORMANCE

YES	NO	
☐	☐	Attends school regularly
☐	☐	Progressing satisfactorily
☐	☐	Able to follow rules at school
☐	☐	Keeps up with other children at play
☐	☐	Interacts positively with peers/teachers
☐	☐	Teacher concerns: ______________

VISION SCREEN

R: ___/___ L: ___/___ Nurse: ______________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head		
Eyes		
ENT		
Teeth		
Neck / Thyroid		
Lungs		
Heart/Pulses		
Abdomen		
Genitalia		
Extremities/Back		
Neurologic/DTRs		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

☐ Immunizations reviewed and up-to-date ☐ PPD, if at risk

☐ Cholesterol, if at risk

EDUCATION

☐ **Healthy Habits:** adequate sleep; frequent physical activity; oral health; sunscreen; smoke-free environment

☐ **Diet:** breakfast; limit high fat/low nutrient foods; 5-A-Day; skim milk; fiber; limit carbonated beverages; TV off during meals; family meals

☐ **Injury Prevention:** car safety – booster seat until 80 lbs. and 57", back seat; helmets; fire, gun, and water safety

☐ **Family/Social interactions:** know friends; limit TV, computer games; read; assign simple chores; anger management; family rules

☐ **Other:** safe after-school environment; visit school; avoid over-scheduling

Signature: ______________

Dictation: ☐ Yes ☐ No Follow-up: ______________ & pm

WELL CHILD EXAM
4 YEAR

Name: ______________________ Date: ______________

D.O.B. ________ Age: _____ Informant: ____________

Allergies: __________________ Meds: ______________

INTERVAL HISTORY

Diet:

Illnesses/Injuries:
Stools:
Sleep pattern:
Speech:
Hearing:
Child care/Preschool:
Changes in the home:

Booster seat:
Exposure to smoke:
Lead exposure:
Behavior problems:

Caregiver concerns:

VITALS

Temp:
Pulse:
Resp:
BP:
Wt:
Ht:
BMI:

DEVELOPMENT

√ WNL, circle if abnormal, see dictation

- ☐ Sings a song
- ☐ All speech understandable
- ☐ Distinguishes fantasy from reality
- ☐ Gives first and last name
- ☐ Hops on one foot
- ☐ Draws a three-part person
- ☐ Throws ball overhand

VISION SCREEN
R: ___/___ L: ___/___

Nurse: ______________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head		
Eyes		
ENT		
Teeth		
Neck		
Lungs		
Heart/Pulses		
Abdomen		
Genitalia		
Extremities/Back		
Gait/Neurologic		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

- ☐ Immunizations reviewed and up-to-date
- ☐ PPD, if at risk
- ☐ Assess lead risk – test if high risk

EDUCATION

- ☐ **Healthy Habits:** sunscreen; encourage physical activity; see dentist; smoke-free environment
- ☐ **Diet:** healthy choices and snacks; limit sweet drinks; skim milk
- ☐ **Injury Prevention:** car safety – booster seat at 40 lbs., back seat; bike helmet; no trampoline; gun safety; close supervision; fire safety; street-crossing; water safety
- ☐ **Family Interaction:** limit TV and computer games; read; listen; respect; interest in activities
- ☐ **Other:** discipline (rules, limits, time-out); curiosity about sex (use correct terms, answer questions)

Signature: ______________________________

Dictation: ☐ Yes ☐ No Follow-up: ____________ & pm

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WELL CHILD EXAM
5 YEAR

Name: ______________________ Date: ______________

D.O.B. ________ Age: _____ Informant: ____________

Allergies: __________________ Meds: ______________

INTERVAL HISTORY

Diet:

Illnesses/Injuries:
Stools:
Sleep pattern:
Speech:
Hearing:
Child care/Preschool:
Changes in the home:

Booster seat:
Exposure to smoke:
Lead exposure:
Behavior problems:

Caregiver concerns:

VITALS

Temp:
Pulse:
Resp:
BP:
Wt:
Ht:
BMI:

DEVELOPMENT

√ WNL, circle if abnormal, see dictation

- ☐ Dresses without help
- ☐ Can count on fingers
- ☐ Copies triangle or square
- ☐ Draws person with head, body, arms, legs
- ☐ Recognizes most letters and can print some
- ☐ Plays make-believe

VISION SCREEN
R: ___/___ L: ___/___

Nurse: ______________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head		
Eyes		
ENT		
Teeth		
Neck		
Lungs		
Heart/Pulses		
Abdomen		
Genitalia		
Extremities/Back		
Gait/Neurologic		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

- ☐ MMR #2 ☐ DTAP #5 ☐ IPV #4
- ☐ UA ☐ PPD, if at risk ☐ Cholesterol, if at risk
- ☐ Immunization info given
- ☐ Assess lead risk – test if high risk

EDUCATION

- ☐ **Healthy Habits:** adequate sleep; physical activity; see dentist; sunscreen; smoke-free environment
- ☐ **Diet:** breakfast; 5-A-Day; skim milk
- ☐ **Injury Prevention:** car safety – booster seat until 80 lbs. and back seat; bike helmet; no trampoline; fire safety; gun safety; street-crossing; stranger awareness
- ☐ **Family Interaction:** family meals; read; limit TV and computer games; encouragement
- ☐ **Other:** good touch, bad touch; discipline (rules, limits, time-out, self-discipline); reasonable expectations

Signature: ______________________________

Dictation: ☐ Yes ☐ No Follow-up: ____________ & pm

WELL CHILD EXAM
2 YEAR

Name: ____________________ Date: ____________

D.O.B. __________ Age: _____ Informant: ____________

Allergies: ____________________ Meds: ____________________

INTERVAL HISTORY

Diet:

Illnesses/Injuries:
Stools:
Sleep pattern:
Speech:
Hearing:
Vision:
Child care:
Changes in the home:

Car seat:
Exposure to smoke:
Lead exposure:
Behavior problems:
Caregiver concerns:

VITALS

Temp:
Pulse:
Resp:
Wt:
Ht:
HC:
BMI:

DEVELOPMENT

√ WNL, circle if abnormal

- ☐ Stairs, one step at a time
- ☐ Kicks ball
- ☐ Stacks 5 blocks
- ☐ Uses at least 20 words
- ☐ Stranger understands half of speech
- ☐ Follows two-step commands
- ☐ Imitates adults

Nurse: ____________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head		
Eyes		
ENT		
Teeth		
Neck		
Lungs		
Heart/Pulses		
Abdomen		
Genitalia		
Extremities/Back		
Gait/Neurologic		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

☐ Immunizations reviewed and up-to-date ☐ Lead test

☐ PPD, if at risk ☐ Consider cholesterol, if at risk

EDUCATION

☐ **Healthy Habits:** sunscreen; encourage physical activity; bedtime routine; oral hygiene

☐ **Diet:** low fat milk OK; no forced food; healthy food choices; limit juice; ≤ 24 oz. milk/day

☐ **Injury Prevention:** car seat safety; poisons; falls; playground safety; water safety; gun safety

☐ **Family Interaction:** play with child; praise child; read; limit TV; individual attention; family meals

☐ **Other:** choices; limits; time-out; emerging independence

Signature: ____________________

Dictation: ☐ Yes ☐ No Follow-up: ____________ & pm

9116-059-Peach-1s-5of 11-2ht 2/02

WELL CHILD EXAM
3 YEAR

Name: ____________________ Date: ____________

D.O.B. __________ Age: _____ Informant: ____________

Allergies: ____________________ Meds: ____________________

INTERVAL HISTORY

Diet:

Illnesses/Injuries:
Stools:
Sleep pattern:
Speech:
Hearing:
Vision:
Child care/Preschool:
Changes in the home:

Car seat:
Exposure to smoke:
Lead exposure:
Behavior problems:
Caregiver concerns:

VITALS

Temp:
Pulse:
Resp:
BP:
Wt:
Ht:
BMI:

DEVELOPMENT

√ WNL, circle if abnormal

- ☐ Stranger understands 3/4 of speech
- ☐ Rides tricycle
- ☐ Jumps
- ☐ Kicks ball
- ☐ Knows name, age, sex
- ☐ Copies circle, cross

Nurse: ____________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head		
Eyes		
ENT		
Teeth		
Neck		
Lungs		
Heart/Pulses		
Abdomen		
Genitalia		
Extremities/Back		
Gait/Neurologic		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

☐ Immunizations reviewed and up-to-date ☐ PPD, if at risk

☐ Assess lead risk – test if high risk

EDUCATION

☐ **Healthy Habits:** see dentist; sunscreen; encourage physical activity

☐ **Diet:** healthy food choices and snacks; limit sweet drinks; low-fat milk

☐ **Injury Prevention:** car seat safety; poisons; falls; stranger awareness; water safety; playground safety; gun safety

☐ **Family Interaction:** sibling relationship; read; limit TV

☐ **Other:** toilet-training; choices; limits; time-out; socialization; help with fears; praise

Signature: ____________________

Dictation: ☐ Yes ☐ No Follow-up: ____________ & pm

WELL CHILD EXAM
15 MONTHS

Name: ______________________ Date: ____________

D.O.B. ________ Age: _____ Informant: __________

Allergies: __________________ Meds: ______________

INTERVAL HISTORY

Diet:

Illnesses/Injuries:
Stools:
Sleep pattern:
Speech:
Hearing:
Vision:
Child care:
Changes in the home:

Car seat:
Exposure to smoke:
Lead exposure:
Behavior problems:
Caregiver concerns:

VITALS

Temp:
Pulse:
Resp.:
Wt:
Ht:
HC:

DEVELOPMENT
√ WNL; circle if abnormal

- ☐ 3–6 words
- ☐ Can point to one or more body parts
- ☐ Understands simple commands
- ☐ Walks well, stoops, climbs stairs
- ☐ Feeds self with fingers
- ☐ Drinks from cup
- ☐ Listens to story
- ☐ Indicates wants by pulling, pointing or grunting
- ☐ Stacks 2 blocks

Nurse: ______________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head		
Eyes		
ENT		
Teeth		
Neck		
Lungs		
Heart/Pulses		
Abdomen		
Genitalia		
Extremities/Back		
Gait/Neurologic		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

- ☐ PCV7 #4 ☐ Comvax #3 (HBV/Hib)
- ☐ Immunization information given ☐ Assess lead risk – test if high-risk

EDUCATION

- ☐ **Healthy Habits:** no second-hand smoke; sunscreen; parents as role models; oral hygiene; see dentist
- ☐ **Diet:** whole milk—no bottle; table foods; ≤ 24 oz. milk/day; limit juice; healthy snacks; allow to feed self; decreased appetite; parents offer healthy foods, child decides quantity
- ☐ **Injury Prevention:** car seat safety; poisons; burns; choking hazards; lead; falls; water safety; lower crib mattress
- ☐ **Family Interaction:** read; avoid TV; interactive play; family meals; offer exploration opportunities
- ☐ **Other:** stranger anxiety; discipline (consistent limit-setting, praise good behavior)

Signature: ______________________________

Dictation: ☐ Yes ☐ No Follow-up: ____________ & prn

9116-059-Peach-1s-4of 11-2ht 2/02

WELL CHILD EXAM
18 MONTHS

Name: ______________________ Date: ____________

D.O.B. ________ Age: _____ Informant: __________

Allergies: __________________ Meds: ______________

INTERVAL HISTORY

Diet:

Illnesses/Injuries:
Stools:
Sleep pattern:
Speech:
Hearing:
Vision:
Child care:
Changes in the home:

Car seat:
Exposure to smoke:
Lead exposure:
Behavior problems:
Caregiver concerns:

VITALS

Temp:
Pulse:
Resp:
Wt:
Ht:
HC:

DEVELOPMENT
√ WNL; circle if abnormal

- ☐ Points to some body parts
- ☐ Walks backwards
- ☐ Throws ball
- ☐ 15–20 words
- ☐ Uses two-word phrases
- ☐ Uses spoon and cup
- ☐ Listens to story—looking at pictures or naming objects
- ☐ Shows affection
- ☐ Follows simple directions
- ☐ Scribbles

Nurse: ______________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head		
Eyes		
ENT		
Teeth		
Neck		
Lungs		
Heart/Pulses		
Abdomen		
Genitalia		
Extremities/Back		
Gait/Neurologic		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

- ☐ DTaP #4 ☐ IPV #3
- ☐ Immunization information given ☐ Assess lead risk – test if high-risk

EDUCATION

- ☐ **Healthy Habits:** no second-hand smoke; sunscreen; parents as role models; oral health; first aid procedures
- ☐ **Diet:** whole milk—no bottle; table foods; ≤ 24 oz. milk/day; limit juice; healthy snacks; allow to feed self; growth deceleration; parents offer healthy foods, child decides quantity
- ☐ **Injury Prevention:** car seat safety; poisons; burns; parking lot safety; choking hazards; lead; falls; water safety
- ☐ **Family Interaction:** read; avoid TV; affection; family meals
- ☐ **Other:** discipline (begin time-out—1 minute per year); biting phase

Signature: ______________________________

Dictation: ☐ Yes ☐ No Follow-up: ____________ & prn

WELL CHILD EXAM
9 MONTHS

Name: ______________________ Date: ____________

Age: ______ Informant: ______________________

Allergies: ________________ Meds: ______________

INTERVAL HISTORY

Diet:
Illnesses/Injuries:
Stools:
Sleep pattern:
Speech:
Hearing:
Vision:
Child care:
Changes in the home:

Exposure to smoke:
Caregiver concerns:

VITALS

Temp:
Resp:
Ht:
Wt:
HC:

DEVELOPMENT

√ WNL; circle if abnormal

- ☐ Responds to own name
- ☐ Understands a few words "No-No" "Bye-Bye"
- ☐ Creeps/crawls
- ☐ Sits independently
- ☐ Pincer grasp
- ☐ Plays interactive games "Peek-A-Boo"
- ☐ Feeds self with fingers
- ☐ Babbles

Nurse: ________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head/Fontanelle		
Eyes		
ENT		
Neck		
Lungs		
Heart/Femoral pulses		
Abdomen		
Hips		
Genitalia		
Extremities/Back		
Neurologic		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

EDUCATION

- ☐ **Immunizations reviewed and up-to-date.**
- ☐ **Healthy Habits:** no second-hand smoke; sunscreen; parents as role models; oral hygiene
- ☐ **Diet:** breast milk or formula with iron; solids, no nuts, hot dogs, popcorn or hard candy; limit juice; start cup
- ☐ **Injury Prevention:** car seat safety (rear-facing til age 1); crib safety; drowning; choking; poisons; outlets; hanging hazards; Ipecac; no walkers
- ☐ **Family Interaction:** avoid TV; talk, sing, read, play; bedtime routine
- ☐ **Other:** discipline (distraction-remove from danger); no bottle in bed

Signature: ______________________ Date: ____________

Dictation: ☐ Yes ☐ No Follow-up: ____________ & pm

WELL CHILD EXAM
12 MONTHS

Name: ______________________ Date: ____________

Age: ______ Informant: ______________________

Allergies: ________________ Meds: ______________

INTERVAL HISTORY

Diet:
Illnesses/Injuries:
Stools:
Sleep pattern:
Speech:
Hearing:
Vision:
Child care:
Changes in the home:

Exposure to smoke:
Caregiver concerns:

VITALS

Temp:
Resp:
Ht:
Wt:
HC:

DEVELOPMENT

√ WNL; circle if abnormal

- ☐ Pulls to stand, cruises, may take steps
- ☐ Plays social games
- ☐ Has precise pincer grasp
- ☐ Points with index finger
- ☐ 1–3 words
- ☐ Imitates vocalizations
- ☐ Drinking from cup/feeds self
- ☐ Looks for dropped object
- ☐ Waves "Bye Bye"

Nurse: ________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head/Fontanelle		
Eyes		
ENT		
Teeth		
Neck		
Lungs		
Heart/Femoral pulses		
Abdomen		
Hips		
Genitalia		
Extremities/Back		
Neurologic		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

☐ MMR #1 ☐ Varicella ☐ Lead Test ☐ Hgb
☐ PPD (if at risk) ☐ Immunization information given

EDUCATION

- ☐ **Healthy Habits:** no second-hand smoke; sunscreen; parents as role models; oral hygiene
- ☐ **Diet:** self-feeding; whole milk; avoid junk food; stop bottle; healthy snacks; limit juice; avoid choke foods; decreased appetite
- ☐ **Injury Prevention:** car seat safety (forward-facing if > 20#); outdoor safety; burns; falls; smoke detectors; poison control (1-800-352-2222)
- ☐ **Family Interaction:** read; avoid TV; interactive play; family meals
- ☐ **Other:** discipline (consistent limit-setting, limited rules); establish routines

Signature: ______________________ Date: ____________

Dictation: ☐ Yes ☐ No Follow-up: ____________ & pm

WELL CHILD EXAM
4 MONTHS

Name: ______________________ Date: ______________

D.O.B. __________ Age: ______ Informant: ______________

Allergies: ______________________ Meds: ______________

INTERVAL HISTORY

Diet:

Illnesses/Injuries:
Stools:
Sleep pattern:
Speech:
Hearing:
Vision:
Child care:
Changes in the home:

Sleep position:
Car seat rear-facing?:
Exposure to smoke:
Caregiver concerns:

VITALS

Temp:
Pulse:
Resp:
Wt:
Ht:
HC:

DEVELOPMENT

√ WNL; circle if abnormal

- ☐ Smiles, laughs or squeals
- ☐ Babbles and coos
- ☐ Head erect when prone
- ☐ Rolls prone to supine
- ☐ Grasp rattle
- ☐ Reaches or bats for object

Nurse: ______________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head/Fontanelle		
Eyes		
ENT		
Neck		
Lungs		
Heart/Femoral pulses		
Abdomen		
Genitalia		
Extremities/Back		
Hips		
Neurologic		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

☐ DTaP #2 ☐ IPV #2 ☐ Comvax #2 (HBV/Hib)
☐ PCV7 #2 ☐ Immunization information given

EDUCATION

☐ **Healthy Habits:** SIDS prevention; avoid sun; no second-hand smoke; know CPR/choking management; oral hygiene

☐ **Diet:** breast milk or formula with iron; possibly starting solids, with spoon; no orange juice, eggs, honey until age 1; consider vitamin w//Fe if breast-feeding

☐ **Injury Prevention:** car seat safety; choking; crib safety; no walkers; burns; falls

☐ **Family Interaction:** hold, rock, cuddle, talk, read; bedtime routine

☐ **Other:** no punishment (remove from danger); teething

Signature: ______________________

Dictation: ☐ Yes ☐ No Follow-up: ______________ & prn

9116-059-Peach-1s-2of 11-2ht 2/02

WELL CHILD EXAM
6 MONTHS

Name: ______________________ Date: ______________

D.O.B. __________ Age: ______ Informant: ______________

Allergies: ______________________ Meds: ______________

INTERVAL HISTORY

Diet:

Illnesses/Injuries:
Stools:
Sleep pattern:
Speech:
Hearing:
Vision:
Child care:
Changes in the home:

Sleep position:
Car seat rear-facing?:
Exposure to smoke:
Caregiver concerns:

VITALS

Temp:
Pulse:
Resp:
Wt:
Ht:
HC:

DEVELOPMENT

√ WNL; circle if abnormal

- ☐ Vocalizes single consonants "DaDa"
- ☐ Rolls both ways
- ☐ No head lag when pulled to sit
- ☐ Sits with support
- ☐ Bears weight on legs
- ☐ Grasps and mouths objects
- ☐ May show stranger anxiety
- ☐ Transfers objects hand to hand

Nurse: ______________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head/Fontanelle		
Eyes		
ENT		
Neck		
Lungs		
Heart/Femoral pulses		
Abdomen		
Genitalia		
Extremities/Back		
Hips		
Neurologic		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

☐ DTaP #3 ☐ PCV7 #3 ☐ Immunization information given

EDUCATION

☐ **Healthy Habits:** SIDS prevention; no second-hand smoke; know CPR/choking management; oral care (assess fluoride needs); sunscreen

☐ **Diet:** breast milk or formula with iron still main source; solids, with spoon; limit juice < 4 oz/day; no honey, eggs, orange juice until age 1; consider vitamin w/Fe if breast-feeding; no bottle in bed

☐ **Injury Prevention:** car seat safety (rear-facing til age 1); always supervised when eating; high chair safety; crib safety; outlets; hanging hazards; choking hazards; child-proof home; burns; no walkers

☐ **Family Interaction:** talk, sing, read, play; avoid TV; bedtime routine

☐ **Other:** teething; separation anxiety; no punishment (distraction, remove from danger)

Signature: ______________________

Dictation: ☐ Yes ☐ No Follow-up: ______________ & prn

WELL CHILD EXAM
1–2 WEEKS

Name: ______________________ Date: ______________

D.O.B. __________ Age: ______ Informant: ____________

Allergies: ____________________ Meds: ____________________

INTERVAL HISTORY

Diet:

Illnesses/Injuries:
Stools:
Exposure to smoke:
Hearing results:
Vision:
Car seat rear-facing?:
Living Arrangements:
Child care:

Sleep position:
Sleep pattern:
Sibling rivalry:
Caregiver Concerns:

VITALS
Birth Wt:
Temp:
Pulse:
Resp:
Wt:
Ht:
HC:

DEVELOPMENT
√ WNL; circle if abnormal
- ☐ Responds to sound (blinking, crying, quieting)
- ☐ Fixates on human face
- ☐ Has flexed posture
- ☐ Moves all extremities
- ☐ Startle reflex

Nurse: ______________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head/Fontanelle		
Eyes		
ENT		
Neck		
Lungs		
Heart/Femoral pulses		
Abdomen		
Umb. Stump		
Genitalia		
Extremities/Back		
Hips		
Neurologic		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

☐ Reviewed newborn screen

EDUCATION

☐ **Healthy Habits:** SIDS prevention; no drugs/ETOH/smoke with breast-feeding; avoid sun; no second-hand smoke

☐ **Diet:** breast milk or formula with iron; don't microwave or prop bottles

☐ **Injury Prevention:** car seat safety, crib safety, water temperature <120°F, smoke detectors

☐ **Family Interaction:** hold, cuddle, rock, talk, sing; maternal depression

☐ **Other:** skin care; constipation; illness; breast-feeding; supplementing; weaning; selecting child care; family planning

Signature: ______________________________

Dictation: ☐ Yes ☐ No Follow-up: ____________ & prn

9116-059-Peach-1s-1of 11-2ht 2/02

WELL CHILD EXAM
2 MONTHS

Name: ______________________ Date: ______________

D.O.B. __________ Age: ______ Informant: ____________

Allergies: ____________________ Meds: ____________________

INTERVAL HISTORY

Diet:

Illnesses/Injuries:
Stools:
Sleep pattern:
Speech:
Hearing:
Vision:
Child care:
Changes in the home:

Sleep position:
Car seat rear-facing?:
Sibling rivalry:
Exposure to smoke:
Caregiver concerns:

VITALS
Temp:
Pulse
Resp:
Wt:
Ht:
HC:

DEVELOPMENT
√ WNL; circle if abnormal
- ☐ Coos and vocalizes reciprocally
- ☐ Is attentive to voice
- ☐ Smiles responsively
- ☐ Follows with eyes
- ☐ Lifts head when prone
- ☐ Some head control when upright

Nurse: ______________________

PHYSICAL EXAM

	WNL	Abnormals / Comments
General Appearance		
Skin		
Head/Fontanelle		
Eyes		
ENT		
Neck		
Lungs		
Heart/Femoral pulses		
Abdomen		
Umb. Stump		
Genitalia		
Extremities/Back		
Hips		
Neurologic		
Caregiver Interaction		Abuse or Neglect:

PROBLEMS – PLANS – FOLLOW UP

A. Well Child Exam

P.

IMMUNIZATION/LABORATORY

☐ DTaP #1 ☐ IPV #1 ☐ Comvax #1 (HBV/Hib)
☐ PCV7 #1 ☐ Immunization information given

EDUCATION

☐ **Healthy Habits:** SIDS prevention – no blankets in crib; no drugs/ ETOH/ smoke with breast-feeding; no second-hand smoke; avoid sun; bedtime routine

☐ **Diet:** breast milk or formula with iron; don't microwave or prop bottles; no solids

☐ **Injury Prevention:** smoke detectors; falls; burns; car seat safety

☐ **Family Interaction:** baby temperament; hold, rock, cuddle, sing, talk, read; maternal depression

☐ **Other:** skin care; constipation; illness; breast-feeding; supplementing; weaning; selecting child care; family planning; no low-iron formula

Signature: ______________________________

Dictation: ☐ Yes ☐ No Follow-up: ____________ & prn