



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 & 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, esp. sat. & cholesterol, sweets, sodium, caloric balance, physical activity

Injury & 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, toothbrushing, 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 _____