WELL CHILD EXAM-MIDDLE CHILDHOOD: 6 – 10 Year

DATE

PATIENT NAME	DOB	SEX	PARENT NAME

Allergies	Current Medications

Prenatal/Family History of Illness and Disease	Chief Complaint(s)

Weight	Percentile	Length	Percentile	BMI	Percentile	Temp.	Pulse	Resp.	BP
	%		%		%				

Interval History:

(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition

- ☐ Grains _____ servings per day
- ☐ Fruit/Vegetables _____ servings per day
- ☐ Whole Milk _____ servings per day
- ☐ Meat/Beans _____ servings per day
- ☐ City water ☐ Well water ☐ Bottled water

Elimination ☐ Normal ☐ Abnormal

Exercise Assessment

Physical Activity: _____ minutes per day

Sleep ☐ Normal ☐ Abnormal

Additional area for comments on page 2

Screening and Procedures:

Hearing

- ☐ Screening audiometry
- ☐ Parental observation/concerns

Vision ☐ Visual acuity

_____R _____L _____Both

- ☐ Parental observation/concerns

Dental ☐ Oral Health Risk Assessment

Developmental Surveillance

- ☐ Social-Emotional ☐ Communicative
- ☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

If Risk:

- ☐ IPPD _____ (result)
- ☐ Hct or Hgb _____(result)
- ☐ Dyslipidemia _____(result)

If not previously tested:

- ☐ Lead level _____ mcg/dl
- ☐ Sickle Cell _____(result)

Immunizations:

- ☐ Immunizations Reviewed, Given & Charted (according to AAP.org guidelines)

If needed but not given, document rationale

- ☐ Impactsiis (OH registry) updated

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

- ☐ Normal Growth and Development
- ☐ Tanner Stage _____

☐ Abnormal Findings and Comments

(see additional note area on next page)

Results of visit discussed with child/parent

☐ Y ☐ N

Plan

- ☐ History/Problem List/Meds Updated
- ☐ Referrals
  - ☐ Children Special Health Care Needs
  - ☐ Dental ☐ Transportation
  - ☐ Other_____

Anticipatory Guidance/Health Education

(√ **if discussed)**

Safety

- ☐ Discuss avoiding alcohol, tobacco, drugs
- ☐ Monitor TV viewing & computer games
- ☐ Booster seat/seat belt use in back seat
- ☐ Keep home and car smoke-free
- ☐ Teach outdoor, bike, and water safety
- ☐ Use bike helmet/protective sporting gear
- ☐ Teach stranger and home safety
- ☐ Gun safety

Nutrition/physical activity

- ☐ Limit sugar and high fat food/drinks
- ☐ Regular family meals
- ☐ Offer variety of healthy foods and include 5 servings of fruits & veggies every day
- ☐ Limit TV, video, and computer games
- ☐ Physical activity & adequate sleep

Oral Health

- ☐ Schedule dental appointment
- ☐ Discuss flossing, fluoride, sealants

Child Development and Behavior

- ☐ Encourage independence
- ☐ Answer questions about puberty simply
- ☐ Consistently reinforce limits & family rules
- ☐ Praise child and encourage child to talk about feelings, school, and friends
- ☐ Supervise child's activities
- ☐ Assign household tasks & responsibilities

Family Support and Relationships

- ☐ Listen/show interest in child's activities
- ☐ Spend family time together
- ☐ Set reasonable but challenging goals
- ☐ Encourage positive interaction with siblings, teachers and friends
- ☐ Offer constructive ways to handle family conflict and anger; don't allow violence
- ☐ Know child's friends and their families
- ☐ Be a positive role model for your child
- ☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
- ☐ Ensure safe, supervised after school care

Next Well Check: _____ years of age

Developmental Questions and Observations on Page 2

Provider Signature:

This screening form was adapted by the Ohio Medicaid managed care plans and Ohio Department of Job and Family Services for the Healthchek-EPSDT Collaborative Performance Improvement Project. *040110*

WELL CHILD EXAM-MIDDLE CHILDHOOD: 6 – 10 Year

DATE	PATIENT NAME	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the child:

Yes	No	
☐	☐	Please tell me any concerns about the way your child is behaving or developing: _____
☐	☐	My child has hobbies or interests that he/she enjoys.
☐	☐	My child follows rules in home, school and the community, most of the time.
☐	☐	My child's behavior, relationships and school performance are appropriate most of the time.
☐	☐	My child handles stress, anger, frustration well, most of the time.
☐	☐	My child eats breakfast every day.
☐	☐	My child is doing well in school.
☐	☐	My child talks to me about school, friends and feelings.
☐	☐	My child seems rested when he/she wakes up.
☐	☐	My child gets some physical activity every day.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I know what to do when I am frustrated with my child.
☐	☐	I enjoy seeing my child become more independent and self-reliant.
☐	☐	Our family has experienced major stresses and/or changes since our last visit.
☐	☐	It is harder for me everyday to do what my child needs because of the sadness that I feel.

Ask the child to respond to the following statements:

Yes	No	
☐	☐	I feel good about my friends and school.
☐	☐	I know what to do when another child or adult tries to bully me or hurt me.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Tool Used_____).

Child Development					
States phone number and home address	Yes	No	Reading and math are at grade level	Yes	No
Has close friend(s)	Yes	No	Child communicates/expresses self	Yes	No
Child responds to parent and health care provider	Yes	No			

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2:

Staff Signature: _____ Provider Signature: _____

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Your Child's Health at 6 – 10 Years

Milestones

Ways your Child is developing between 6 and 10 years of age.

- Your child should continue to loose baby teeth and get permanent teeth
- Some girls' breasts will begin to grow between 8 and 10 years of age. Talk with her about her growing body as this starts to happen
- Eight year olds can make their own bed, set the table and bathe themselves
- You help your child learn new skills by talking and playing with them. Make a game of practicing hand signals or saying "No" when a stranger offers them a ride
- Your child will keep growing more independent

For Help or More Information:

Child sexual abuse, physical abuse, information and support:

- Rape, Abuse, and Incest National Network at 1-800-656-HOPE (4673)
- State of Ohio Child Protection: 866-635-3748
- Childhelp National Child Abuse Hotline1-800-4-A-CHILD (1-800-422-4453) or online at www.childhelp.org

Social Support Services: Contact the local county Department of Job and Family Services Healthchek Coordinator

Domestic Violence hotline:
National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

Safe Gun Storage Information:
Call 1-202-662-0600 or go to www.safekids.org

Parenting skills or support:
Cooperative Extension for classes-614. 688.5378
Boystown Parenting Hotline- 800.448.3000 or website visit at (http://www.parenting.org/hotline/index.asp)

For help teaching your child about fire safety:
Talk with firefighters at your local fire station

Children's Mental Health parent support and advocacy:
Contact Ohio Department of Mental Health
-877-275-6364

Health Tips:

Your child will still need you to help get all of their teeth brushed well. Make sure to take your child for a dental check-up at least once a year. Ask about dental sealants.

You and your child should be physically active at least 60 minutes each day. It doesn't have to be all at once. Find activities that you and your child enjoy. This is an important habit for your child to learn.

Keep healthy snacks available. Your child needs fruit, vegetables, juice, and whole grains for growth and energy.

Parenting Tips:

Praise your child when he works hard and finishes things.

Most children learn by watching and then doing. Show and tell your child how to do a job. Then have her do it while you watch. Tell her what she did right first, and then what she needs to do differently.

Talk about why children should not use drugs and alcohol. Set a good example for your child.

Teach your child what to do and not do when they're angry.

Make sure your computer is in a room where you can watch your child's use of the internet.

Set limits and tell your child what will happen if he doesn't follow rules.

Teach your child how to deal with peer pressure.

Encourage your child to join community groups, team sports, school clubs and other activities.

If you feel very mad or frustrated with your child:
1. Make sure your child is in a safe place and walk away.
2. Call a friend to talk about what you are feeling.
4. Call the Cooperative Extension for classes-614. 688.5378
3. Call the free Boystown Parenting Hotline- 800.448.3000
They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips

Make sure that everyone who rides in the car with you wears their seat belt. Help your child know how to ask to use a seat belt or booster when he rides with other drivers.

Practice family safety in your house: test the smoke alarm and change the batteries when needed; have fire drills and practice fire escape plan.

Your child should always wear a lifejacket around water, even after she has learned to swim.

Make sure your child wears a helmet when using bikes, skates, inline skates, scooters, and skateboards. Practice safe walking and bike riding. Children are not ready to ride bikes safely on streets or cross streets without an adult until they reach at least age 9.

Teach your child to never touch a gun. If your child finds one, she should tell an adult right away. Make sure any guns in your home are unloaded and locked up.

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