

Date: _____ Age: _____

Name: _____

Height: _____ % _____

Weight: _____ % _____

Head Circumference: _____ % _____

Tylenol Dose: Not recommended without calling provider first!



Primary Care Provider: _____

WELL CHILD CHECK UP - Age 2 Weeks

FOCUS: To review parent/infant adjustment/interaction, evaluate growth.

NUTRITION: General: Solids are not suggested until 4 to 6 months of age. Mother needs to drink plenty of fluids, eat well and get plenty of rest. Resting when infant naps is strongly recommended to fight off fatigue which comes with infant's night awakening.

Breast feeding: Infant will gradually feed every 3 to 4 hours. To increase mother's breast milk production, infant will periodically need to nurse more often. This is the only way baby can signal mother's body to make more milk. Mother does not need to supplement with formula!

Mother needs to continue prenatal vitamins.

Bottle feeding: Infant needs an iron fortified formula. Boil then cool water (until 6 months of age) to make formula. Prepare formula according to directions. Formula may be prepared and kept refrigerated for 24 hours. Formula left in bottle after a feeding should be consumed within one hour or discarded.

- SAFETY:**
- ◆ Approved car seats are required by law. Seat must be rear-facing until infant is 20 pounds and 12 months of age. Review car seat safety handouts to be sure seat is properly/securely attached to car.
 - ◆ Set water heater thermostat at < 120 degrees F.
 - ◆ Keep baby safe. Never leave infant alone with a pet, a younger sibling or in a car. Be mindful that falls from sofas, beds, and changing tables can occur now. Shaking baby hard can cause brain damage. Be gentle.
 - ◆ Pacifiers may be used with any infant as every infant needs to suck for comfort as well as for nutrition. Be sure pacifiers and bottle nipples are cleaned regularly. Discard pacifiers when they begin to lose their shape, become sticky, or cloudy appearing as these are no longer safe.
 - ◆ Infant should always be put to sleep on his/her back to reduce risk of SIDS.

NEXT VISIT: Age 8 weeks. First immunizations will be given at next visit.

OTHER: Call office immediately if infant develops rectal temp > 100 degrees F

-OVER-

Date: _____ Age: _____
Name: _____
Height: _____ % _____
Weight: _____ % _____
Head Circumference: _____ % _____
Tylenol Dose: _____



Primary Care Provider: _____

WELL CHILD CHECK UP - Age 2 Months

FOCUS: Family life assumes a “routine”. Infant is becoming an individual.

NUTRITION: **General:** Solids are still not suggested until 4 to 6 months of age.
Continue breast milk or formula until 12 months of age.

SAFETY: Approved car seats are required by law. Seat must remain rear-facing until infant is 20 pounds and 12 months of age.

Do not leave infant unattended on bed or changing table. Be aware of items baby may “roll” to, such as pins or powder on changing table. Never turn your back on baby. Do not use infant walkers. Stationary “exersaucers” are acceptable. When purchasing high chair, new is best due to safety and recall issues. Be sure chair has belt around waist and between infant legs to prevent infant from slipping down and suffering strangulation with waist belt alone.

IMMUNIZATION: First immunizations today. Review immunization and fever control handouts and recommendations with provider.

ANTICIPATORY GUIDANCE: Social interaction is beginning. Your child can begin to grasp toys and regard bright, simple contrasting designs. Hang mobiles or a bull’s eye of contrasting colors and primary shapes within baby’s sight. Play classical music (such as Mozart) and talk to baby to stimulate brain development

NEXT VISIT: 4 months of age - additional immunizations are due.

-OVER-

Date: _____ Age: _____
Name: _____
Height: _____ % _____
Weight: _____ % _____
Head Circumference: _____ % _____
Tylenol Dose: _____



Primary Care Provider: _____

WELL CHILD CHECK UP - Age 4 Months

FOCUS: Exploration of surroundings begins!

NUTRITION: Continue breast milk or formula as these continue to be baby's main source of nutrition. The decision about when to begin solids for your infant depends on several factors. If baby seems satisfied with breast milk or formula, is gaining weight well and sleeps fairly well, waiting until closer to 6 months is advisable. If infant regularly appears unsatisfied, is not sleeping well, or is not gaining weight well, parent should discuss these issues with provider at this visit. Once decision is made to begin solids, keep these key points in mind:

Starting solids should not significantly decrease total amount of breast/formula taken daily at this age.

- ◆ Begin with rice cereal. Mix 1 Tbspn. cereal with 1-2 Tbspn. breast milk or formula. Mixture should be thin and fed with spoon once daily.
- ◆ Expect baby to push cereal out of mouth with tongue. This does not mean baby doesn't like that particular food. Keep trying for a week.
- ◆ Watch for signs of food intolerance or food allergies (more than usual amount of spitting up, skin rash, diarrhea, breathing difficulties)
- ◆ After baby tolerates rice cereal for 2-3 weeks, you may begin oatmeal, then barley cereal may be started. Allow 1 week with each new food item before starting another new food - observing for possible allergies.
- ◆ Solids may gradually be given twice daily.
- ◆ Introducing vegetables after cereal is next step. Baby should be 6 months to start vegetables. Begin with yellow vegetables, then try green beans, still allowing 1 week for each new food item.
- ◆ Fruits are best introduced last. Meats may be started at 7 months.

-OVER-

SAFETY: **Remember** - approved car seats are required by law. Seat must remain rear-facing until infant is 20 pounds and 12 months of age. Never leave infant unattended on bed or changing table. Avoid infant walkers - **they are not safe!** The newer safety approved play pen can become an "island of safety" - use it.

IMMUNIZATION: Immunizations will be given today. Review immunization and fever control handouts and recommendations with provider. Notify provider of any adverse reactions to past immunizations.

ANTICIPATORY GUIDANCE: Infant can really appreciate rattles and mobiles now. Should be starting to try to roll over. Coos and laughs. Ear grabbing common, ears are like "head handles" . Ear grabbing does not necessarily mean ear infection. Calling clinic for an ear exam appointment would be important if infant has persistent cold symptoms, fever, fussiness, is not sleeping well or exhibits other behaviors which are different for your infant.

If in doubt let us check baby out.

NEXT VISIT: 6 months of age - additional immunizations are due.

Special Notes:

Date: _____ Age: _____
Name: _____
Height: _____ % _____
Weight: _____ % _____
Head Circumference: _____ % _____
Tylenol Dose: _____



Primary Care Provider: _____

WELL CHILD CHECK UP - Age 6 Months

FOCUS: Oral investigation begins!

NUTRITION: Continue breast milk or formula. Between now and 9 months breast/formula intake will decrease as solid intake increases. Begin feeding infant in a high chair at the table so that baby will be included in family mealtime. Introduction of solids begins/continues (See 4 month NUTRITION section). Avoid spinach, strawberries, whole eggs, and orange juice (or fruit) containing pulp until close to 12 months as these foods are more likely to cause allergic reaction in young infants.

Do not use honey to sweeten foods in children younger than 2 years of age. Small amounts of Botulinum toxin found in honey can cause botulism in infants and young children.

Infant should get a well balanced diet with cereals, vegetables, fruits gradually increasing to 3 meals per day. Meats may be tried around 7 months - starting with milder meats such as chicken, veal or lamb. Some babies reject the consistency of prepared baby meats. Use of home cooked meats finely chopped in a food processor or grinder may taste better to baby. Adding homemade gravy (chicken or beef broth thickened with corn starch) or packaged/ jar gravy will provide the moisture and consistency needed to help baby eat meat. Adding cooked potatoes, rice or noodles and cooked vegetables to meat in food processor will give infant a complete meal. Extra may be frozen in freezer bags for later use.

Some finger foods may be started, between 6 - 8 months, when infant expresses interest in "gumming" foods. This begins the development of "chewing" and self-feeding skills.

Water may be given in bottle or sipper cup. Introducing cup now will help later when time comes to eliminate bottles. Fruit juice intake should not exceed 4-6 ounces per day.

DENTAL CARE: Taking care of baby's teeth begins with the first tooth. **Never put baby to sleep with a bottle!** This allows natural sugars in formula/juice to feed bacteria in mouth and leads to severe "milk-bottle tooth decay".

After baby takes bedtime feeding, gently rub teeth with a clean wash cloth or piece of gauze moistened with water. This may be done even if infant has fallen asleep. A clean pacifier may be used for comfort sucking at night or nap time. Begin fluoride supplement if prescribed.

SAFETY: Baby-proof your home including safety plugs in wall outlets, water hazards (like toilets, bathtubs, swimming pools, buckets with water) cleaning supplies, and medicines. Beware as baby now puts everything in mouth. Remember baby will soon begin to explore independently.

IMMUNIZATION: Immunizations will be given today. Review immunization and fever control handouts and recommendations with provider. Notify provider of any adverse reactions to past immunizations.

ANTICIPATORY GUIDANCE: Infant is ready to start simple game playing (peek-a-boo). Stranger anxiety may begin soon. Reading to baby cannot start too early. Start with picture books with colorful pictures. Enjoy reading with your baby. Do not worry about reading every word on page. Talk simply about pictures. Point out animals, objects.

NEXT VISIT: 9 months of age - additional immunizations are due.

Special Notes:

Date: _____ Age: _____
Name: _____
Height: _____ %
Weight: _____ %
Head Circumference: _____ %
Tylenol Dose: _____



Primary Care Provider: _____

WELL CHILD CHECK UP - Age 9 Months

FOCUS: Baby's first attempts at independence begin!

NUTRITION: Breast milk or formula should continue until 12 months. Occasional whole milk is acceptable (such as at a restaurant) but should not replace breast/formula yet. Finger foods are important nutritionally and developmentally. Finger food suggestions: canned green beans, soft fresh and canned fruits and vegetables that require little "chewing", Arrowroot cookies, small pieces of buttered bread. Avoid hard foods (such as finger like "Biter Biscuits", raw vegetables, nuts or seeds, hard candy). Remember baby molars do not erupt until age 15-18 mos. **Baby should not be given anything you would need chew to swallow.** The risk of choking is high with hard foods. Avoid light, airy foods such as miniature marshmallows, popcorn. These foods are easily aspirated. **Never use honey under age 2.**

Actively encourage the cup to begin the weaning process from the bottle/breast.

DENTAL CARE: Clean teeth 1-2 times daily. Remember, no bottles, cups, food or drink (except water) after bedtime teeth cleaning unless teeth cleaned again. Continue fluoride, if prescribed.

SAFETY: Beware of stairs and windows. Baby may be crawling, pulling to standing and even walking before next visit. Install and use stair gates. Keep lamp and appliance cords up, out of reach to prevent infant from falling objects and electrical shock from biting cords. Keep all curtain cords up, out of reach to prevent accidental strangulation.

Keep Syrup of Ipecac locked up with medicines for use in case of accidental ingestions Always call Poison Control 1-800-521-6110 for dose and use information (there are certain ingestions in which use of Ipecac would be harmful).

IMMUNIZATION: None scheduled. May need “catch up” shots.

ANTICIPATORY GUIDANCE: Along with high stranger anxiety, infant may experience night awakening. Establishing a bedtime routine with a favorite soft, cuddly washable toy, and a night light will help baby to get to sleep on own (without bottle, rocking, or a bed partner). Putting baby in crib sleepy but still awake will help reduce need for middle of the night parental involvement as baby will know how to get self back to sleep.

Encourage vocalization by reading, playing and talking with baby. Avoid “baby talk” Infant learns quickly and will learn to talk faster if hears proper words and normal speech.

Try to encourage exploration in a safe environment. Getting down on the floor while baby explores may help parents find some unexpected hazards which need attention. (sharp table corners, coins on floor, etc.) Begin to set limits for child. Infant understands a calm, firm, “NO”. Try to combine “NO” with the unacceptable behavior you want stopped. For example, “No, biting! That hurts Mommy.” Follow this by demonstrating an alternative acceptable behavior. “It’s OK to give Mommy kisses, like this (kiss, kiss) but we don’t bite.” Then distract child by moving on to another activity. This approach helps child learn more specifically what behavior is wrong and what can be done instead.

NEXT VISIT: 12 months of age - additional immunizations are due.

Special Notes:

Date: _____ Age: _____
Name: _____
Height: _____ % _____
Weight: _____ % _____
Head Circumference: _____ % _____
Tylenol Dose: _____



Primary Care Provider: _____

WELL CHILD CHECK UP - Age 12 Months

FOCUS: "You've come a long way, Baby!"

NUTRITION: Formula can be stopped and whole milk begun (whole milk recommended until 2 years of age unless 2% specified by provider). Milk/dairy intake should be limited to no more than 16 ounces per day. **Remember - no honey until age 2.**

Fluoride supplements should be reviewed with provider, reviewing any changes in home water supply, day care. Continue to encourage the cup and water limiting juices to no more than 6-8 ounces/day. Limit bottle to before bedtime/naps if needed.

Eating habits can become finicky as child attempts to exercise control over environment. Appetite may be erratic. Six small feedings daily (breakfast, snack, lunch, snack, dinner, snack) providing nutritious foods suits toddler activity level better than three larger meals. Be comforted by what child eats over weeks time instead of requiring a balanced dietary intake for each day. Be mindful that toddlers burn a lot of calories making regular calorie foods and beverages more suitable than the "lite" varieties available. Remember toddler is still at risk for choking on foods. Do not allow child to eat or drink while walking.

Teach toddler " We sit down when we eat."

DENTAL CARE: Continue diligent dental care. May now use soft infant toothbrush with a minimal amount of toothpaste (never more than pea-sized amount). Toddler may "have turn" brushing own teeth while seated. Adult must take turn to be sure teeth adequately cleaned. Brush tongue to remove food residue after teeth clean. Drink of water will rinse away toothpaste which toddler will likely swallow. Keep toothpaste out of reach as too much can be dangerous. Remember toothbrushes need to be replaced as soon as bristles get bent (this happens fast when toddlers chew on toothbrush).

-OVER-

SAFETY:

Make yard and home safe. Watch for toddler to climb on everything - beware of falls! Locate your Syrup of Ipecac for accidental ingestions and post Poison Control phone number 1-800-521-6110 by all phones. **Never allow child to play with old/empty medicine/pill bottles.** These should never be perceived as toys. With enough practice no child proof container will remain child proof.

IMMUNIZATION: Immunizations today. Toddler will have blood test to check for anemia (low red blood cell count) and lead poisoning. Tuberculosis screening (PPD) for infants at risk of TB.

**ANTICIPATORY
GUIDANCE:**

Encourage speech by naming objects for your child frequently and distinctly; avoid using "baby talk" . Toddler needs to hear proper pronunciation to develop speech. Continue to read and enjoy exploring books with your child. Try to spend 10 minutes per day in reading or games.

Try to have child completely off bottle by 15 months of age.

NEXT VISIT:

15 months of age - additional immunizations are due.

Special Notes:

Date: _____ Age: _____
Name: _____
Height: _____ % _____
Weight: _____ % _____
Head Circumference: _____ % _____
Tylenol Dose: _____



Primary Care Provider: _____

WELL CHILD CHECK UP - Age 15 Months

FOCUS: From "Rug Rat" to "Yard Ape"

NUTRITION: Continue whole milk until 2 years of age unless otherwise specified by provider. Baby foods may be stopped. No honey until age 2. Encourage your child to feed self using fingers and/or utensils - child will not be "neat" so be prepared and relax. Still be careful about large, hard, or light chunks of food that require significant or coordinated chewing (bacon, nuts, seeds, tougher meats, popcorn, miniature marshmallows). Avoid hard candy, chewing gum completely. The bottle should definitely be stopped. If needed, pacifier may be used at nap and bedtime for a few more months. Teach toddler to "leave 'Binky' in your crib so you will have it at nap time."

DENTAL CARE: Continue diligent dental care and fluoride supplementation if prescribed. Begin teaching about foods that are better for our teeth (fresh fruit, over candy and too many sweets). Insist on participating in dental care with headstrong toddler that only wants to brush by self. "Your turn" and "Mommy's turn" will work. Be gentle but firm. Eliminating bottle and limiting pacifier now will help prevent "open bite" problems which require orthodontia later in childhood.

SAFETY: Continue surveillance for electrical hazards, including cords and outlets. Be careful with hot liquids. Hot coffee burns in children may require hospitalization and skin grafting. Curious toddlers can have severe burns. Plastic bags and balloons are very dangerous for toddlers. All medications should have safety caps and cleaning/household products stored in safe, unreachable places. Do you have Syrup of Ipecac? Check the expiration date.

IMMUNIZATION: Immunizations today. Review dose information for acetaminophen and ibuprofen.

-OVER-

ANTICIPATORY GUIDANCE: Readiness for toilet training usually begins at 18-24 months. Start with introducing family terms for body parts and body functions (urination and stooling). Avoid the use of terms which may later confuse child (how can "bug" be an insect on the sidewalk and a female body part?) Provide a secure potty chair which will not tip over. Allow child to explore chair and sit on it clothed until interest expressed in taking diaper off. Child will imitate grown ups at this age, trying to sit on potty, "helping" cook, clean, mow the lawn. Do not push toilet training! Child must be fully ready to complete this process which may not be accomplished until 3 to 3 ½ years.

Action toys are very important at this age; pushing, pulling, pounding, making music. Continue reading, singing, listening to music, try dancing with your toddler.

If child has a pacifier, gradually begin introducing a "substitute" favorite toy or possession, preferably one that is safe, washable and can be cuddled at sleep time.

Children are very trusting. Do not betray this precious trust by teasing and saying things, making threats that are not true. Toddler may appear to enjoy the "Let's hide from the monster" game but tends to believe this kind of game and suddenly be afraid of the dark. "Behave or I'll tell the doctor to give you a shot!" will simply make children afraid of going to the doctor. Think before you speak! Just as toddler loves to imitate adult behavior, they will also repeat what you say. If adults use foul language this is what toddler will learn. Model behavior for toddler. If you want child to share, make a point of sharing with child and talking about it as you do. Toddler will learn quickly how to use "please" and "thank-you" by hearing you emphasize this in your everyday behavior.

NEXT VISIT: 18 months of age. No scheduled immunizations - may need "catch up" shots.

Special Notes:

Date: _____ Age: _____

Name: _____

Height: _____ % _____

Weight: _____ % _____

Head Circumference: _____ % _____

Tylenol Dose: _____



Primary Care Provider: _____

WELL CHILD CHECK UP - Age 18 Months

FOCUS: Expanding vocabulary and mobility.

NUTRITION: Regular family meals and conversation are part of your child's development. Independent expressions of food likes and dislikes are normal; avoid battles. Give your child opportunities to choose, exercising parental authority by limiting child's choices. Bottle should be stopped. Remove temptation to give in and give bottle back to child - get all bottles out of the house - loan them to a pregnant friend!
Remember - no honey , and only whole milk until 2 years.

DENTAL CARE: Continue diligent dental care and fluoride supplementation if prescribed.

SAFETY: Knowing how to swim does not make your child water safe at this age. Continue to use car restraints each time you take you child in the car. Set an example, wear your seat belt and tell child "Our car will not take us to the store unless we are buckled in our seats."

IMMUNIZATION: No scheduled immunizations today. Child may need "catch up" shots. Anemia, lead, TB screening if indicated.

ANTICIPATORY GUIDANCE: It is time to consider graduation to a "big bed" when child is 35 inches tall or is able to climb out of the crib.

Sharing should not be expected but should be introduced. Toys that can be taken apart and reassembled as well as building toys are favorites of this age. Avoid toys with small parts that still pose a choking risk.

Continue reading. Now is a good time to practice animal sounds when reading animal books. "What does a cow say? Moo" This is also great for fussy, bored toddler riding in car. "Let's see if we can see any dogs. What does a dog say? Woof, Woof."

-OVER-

ANTICIPATORY GUIDANCE: (continued) Continue relaxed approach to toilet training. Remember child's nervous system must be adequately developed to sense need to urinate/stool. Patience is essential as is understanding when accidents happen at later stages of training. "That's OK, big boy, accidents happen. Let's get you into some dry clothes." Discipline for inappropriate behaviors must be firm and gentle. Avoid labels such as "Bad Boy!" Your child is a good child that will show bad behavior at times. Avoiding negative labels models good behavior and nurtures healthy self-esteem. Talk with provider about management of behavior problems in children. Avoid physical discipline.

Temper tantrums begin as child expresses frustration over not being in control. Validate feelings but avoid giving in to tantrum behavior. "I can tell you are really mad because I wouldn't let you color on the floor. It's OK to be mad but we don't bite people when we're mad. We can punch a pillow to get our mads out (demonstrate) but we don't bite." Then distract child by moving on to another subject. "I could use a helper. I need someone to help me feed the cat. Would you like to be my helper?"

Ask about local parenting classes to help you learn to handle problem behaviors.

NEXT VISIT: 2 years of age. No scheduled immunizations - may need "catch up" shots.

Special Notes:

Date: _____ Age: _____
Name: _____
Height: _____ % _____
Weight: _____ % _____
Head Circumference: _____ % _____
Tylenol Dose: _____



Primary Care Provider: _____

WELL CHILD CHECK UP - Age 2 Years

FOCUS: Perpetual motion and curiosity.

NUTRITION: Now is the time to change child to low fat milk and dairy products. Limit dairy (milk, yogurt, ice cream, cheese,) to 16 oz. /day. Limited snacks are acceptable. Snacks need to provide important vitamins and minerals. Choose fruits, vegetables, and whole grain foods for snacks.

ANTICIPATORY GUIDANCE: Begin to establish a bedtime ritual. You can move child to a regular bed now. Child may still a nap at this age.

Continue to use picture books to enrich your child's vocabulary. Interactive play and "pretend" are important at this age. Keep groups small. Limit television viewing;; be selective about program choices encouraging educational shows, avoiding violence based cartoons and inappropriate for age shows. Horror shows and violent movies will frighten child who at this age (and until 6-7 years) believe that what they see is really happening (even when told it is not!).

Curiosity about body parts is normal; try to be relaxed about this aspect of your child's exploration. It is important to teach your child that there are inappropriate settings for child to "explore" ;also child needs to begin to understand that there are private areas of the body - that only certain people should be allowed to touch. Be specific about instructions to report to you any strange behavior. Child needs to know it is also not appropriate to touch another person's private area.

Mild speech variations (stuttering, mispronunciations, etc.) are normal over the nest 2 years. Listen attentively. Pointing out problem or mistake may, in fact, worsen, speech development. Choosing to properly pronounce the word in a responsive sentence is acceptable for mispronunciations. For example, child says "I want tookie!" Parent may choose to respond "Which kind of cookie would you like?"

DENTAL CARE: Continue diligent dental care and fluoride supplementation if prescribed. Allow child to visit dental office to begin preparing for first visit at age 3 years, sooner as needed. Read children's books about "Going to the Dentist".

SAFETY: Curiosity is great at this age, risk of accidental ingestion high. Be diligent in locking up all medications, cleaning solutions, chemicals. Child begins to understand right and wrong but does not have good impulse control. Your 2 year old may understand not to go in the street, or not to put money in mouth, but if the opportunity is there, child lacks "impulse control" so tends to do it anyway. There is no substitute for parents ever watchful eyes.

IMMUNIZATION: No scheduled immunizations today. Child may need "catch up" shots. Repeat blood work for anemia, lead. TB screening if indicated.

NEXT VISIT: 3 years of age. No scheduled immunizations - may need "catch up" shots.

Special Notes:

Date: _____ Age: _____
Name: _____
Height: _____ % _____
Weight: _____ % _____
Head Circumference: _____ % _____
Tylenol Dose: _____



Primary Care Provider: _____

WELL CHILD CHECK UP - Age 3 Years

FOCUS: "Age of the tricycle" and make believe.

ANTICIPATORY GUIDANCE: Provide your child opportunities to talk about his day; try to have a special time for each child. Out of home experiences are encouraged- such as a nursery school and play groups - to encourage socialization.

Sharing and taking turns begin. Toys that are timely include puzzles, beads, pegs, blocks.

Nap time may disappear, night fears can occur - use a night light.

Allow some decision making. Clearly explaining unacceptable behaviors and alternative acceptable behaviors will help child make better choices. "Time out" discipline should not exceed 1 minute per year of age. Use of a ticking timer helps child make the concept of time more concrete.

DENTAL CARE: Now is the time for child's first dental visit.

SAFETY: Review recommendations for advancement to high back booster seat. Require approved safety helmet for child learning to ride tricycle.

IMMUNIZATION: No scheduled immunizations today. Child may need "catch up" shots. Blood work for anemia, lead, TB screening if indicated. Routine urinalysis, if child will void.

NEXT VISIT: 4 years. Immunization update./ vision screen./urinalysis.

-OVER-

Date: _____ Age: _____
Name: _____
Height: _____ % _____
Weight: _____ % _____
Head Circumference: _____ % _____
Tylenol Dose: _____



Primary Care Provider: _____

WELL CHILD CHECK UP - Age 4 Years

FOCUS: The adventurer.

ANTICIPATORY GUIDANCE: Questions about sex and reproduction may come up; answer honestly at your child's level of understanding. Providing too much information at once can confuse child so answer question briefly and pause to see if child has another question. Do not mislead child. Child needs to trust you and false explanations (like "the stork brought you") will only delay the truth and lead to mistrust. Children are very interested in the differences between boy's and girl's bodies. Reemphasize child should not touch another person's "private area" nor should anyone else touch child's.

Encourage activities that require your child to "figure things out". Participate with your child in adventures and explorations; the library, local museums, shopping center, backyard, neighborhood, beach, etc.

Toy interests now include board games and cards.

Begin to give your child simple tasks/responsibilities, i.e. setting the table.

Toilet training is usually complete by this age. An exception to this may be bed wetting. This is extremely common in children and is **not** a sign of laziness. Avoid negative comments and punitive measures which will not stop bed wetting. Most children will outgrow this problem. Be supportive of your child and discuss any further concerns with child's provider.

SAFETY: Strict rules about riding bicycles in the street. Make safety a habit. Insist that helmet be worn every time child rides bicycle. "No helmet No bicycle!" is a good family rule. Talk to child about strangers. Role play what to do if approached by a stranger and offered candy, a ride, a toy, etc.

DENTAL CARE: Regular dental care continues to be important. With good care child may never have a cavity!

IMMUNIZATIONS: Update immunizations today.
Blood work for anemia , lead, TB screening if indicated.
Routine urinalysis, if child will void.

NEXT VISIT: 5 years. Immunization update./ vision screen./hearing screen/
urinalysis.

Special Notes:

Date: _____ Age: _____
Name: _____
Height: _____ %
Weight: _____ %
Head Circumference: _____ %
Tylenol Dose: _____



Primary Care Provider: _____

WELL CHILD CHECK UP - Age 5 Years

FOCUS: The golden age of childhood.

ANTICIPATORY GUIDANCE:

Readiness for school is indicated by:

- child playing well with others,
- taking turns,
- following simple directions,
- conforming to basic rules regarding behavior,
- feeding/dressing self (except for tying shoes),
- beginning to tolerate short periods of separation from home (1/2 day)

SAFETY:

Discuss appropriate conduct of strangers:

- No one touches your child's genitals except specific people (parents, doctor, etc.) unless instructed previously by parent. Now is a good time to talk about "good touch, bad touch"
- Role play what to do if approached by a stranger and offered candy, a ride, a toy, etc. "What would you do if..."
- Teach your child home phone number (with area code) and address.
Discuss "what to do if"

- there is a fire,
- someone is injured and a grownup is not there to help
- a caller on the phone says inappropriate things.

Prepare your child to deal with these potentially threatening situations.

-OVER-

DENTAL CARE: Regular dental care continues to be important. Be certain child sees dentist who utilizes sealants (substance applied to biting surface of permanent molars to reduce incidence of cavities).

IMMUNIZATION: No scheduled immunizations today. Child may need "catch up" shots.
Blood work for anemia , lead, TB screening if indicated.
Routine urinalysis.
Vision screening is important to recognize potential reading problems.
Hearing screening is also important for school readiness.

NEXT VISIT: 6 years.

Special Notes: