WELL MIDDLE ADOLESCENT EXAM

	15-16	5-17 YE	LAKS					
Name:			Date:					_
D.O.B				nant:				
Allergies:	_		ads:		nsider	private	interv	iew
Allergies.								_
Diet:	INTER	VAL HI	SIUKI					
111/1		Cor	icems:					
Illnesses/Injuries: Sleep pattern:								
Supervision: Changes in the home								
Menstrual Hx:	•							
VITALS	YES NO		CHOOLS					
Temp: Pulse:								
Resp:	☐ ☐ Are		n your fam			i reas	onabl	e?
BP:		you work?	If yes, # of	f hours	·			
Wt:			eel really do e way you		r depr	essed	?	
Ht: BM1:		you or you	ır friends us		cco, a	alcoho	ol, or	dr
		you date?	eel unsafe?					
VISION SCREEN	0 010	you ever i	cei unsaic.					
R:/_ L:/	Nurse	e:						
	PHYSIC	CAL EXA	М					
C1 4			ls / Comm	ents				
General Appearance Skin		Acne:						
Head		iciic.						
Eyes ENT								
Teeth								
Neck / Thyroid Lungs	 	anner St.	F: Br:		11	III	IV	v
Heart/Pulses			PH:	ı	II	Ш	IV	٧
Abdomen Genitalia			M: Gen: PH:				IV IV	V
Back/Extremities Neurologic/DTRs	s	coliosis:						
Caregiver Interaction		Abuse or N	eglect:					
PI	ROBLEMS -		•	V UP				
A. Well Middle Add	lescent Exam							
Р.								
_	ATION/LAB				NEO	US		
☐ Td, if indicated☐ HBV, if indicate	ı ا		i, if indicate ations revi		& un	-to-d	ite	
Hgb yearly in po	_	PPD, if a		cwcu	oc up	-10-4	iic	
menarchal femal			rol, if at ris					
☐ Dipstick UA, if i☐ Multivitamin, if		STD test	/PAP, if in	dicate	d			
		UCATIO	N					
☐ Healthy Habits:	sunscreen/tai	nning; phy	sical activ					
BSE/TBE; tobacc								
☐ Diet: 1500 mg diet; limit pop; bi							van	jec
☐ Injury Preventic							elme	ts
fire safety Family/Social In	teractions: N	eer nressu	re and refu	sal sk	ills: «	safe r	elatio	on.
ships; family tim	e; know friend	ds; respec	parent's r					
chores; social res Other: normal:				hetin	anca.	nau-	el:I	ll-
talents, interests;				OSUN	ince;	new	SKII	15.
Signature:								-
Dictation: Yes	J No	Foll	ow-up:				_ & p	т

WELL MIDDLE ADOLESCENT EXAM

	15-	16-17 Y	LAI	(5					
Name:				Date:					
D.O.B	Age:			Inforn	nant	:			
Allergies:	_		Ande		(consid	er priv	ate inte	rview)
Alleigies.		RVAL HI							
Diet:	INIE		ncem						
Illnesses/Injuries: Sleep pattern: Supervision: Changes in the home: Menstrual Hx:		Co	iiceii	15.					
VITALS	YES NO	S	CHC	OOL/S	OCI	AL			
Temp:		s school wor							
Pulse: Resp:		to you attend are the rules					nd ro	sconsi	hla?
Resp. BP:		o you work	? If ye	es, # of	hou	rs .	iiu ica		JIC:
Wt:		o you ever i	eel re	ally do	wn e	or de			
Ht:		o you like t	ne wa	y you l	ook'	?			
BMI:		o you or yo	ur frie	ends us	e tob	acco	, alco	hol, o	r drugs
		o you date? O you ever f	ار امو	ncafe?					
	000	o you ever i	cci ui	isaic:					
VISION SCREEN R:/ L:/	Nu	rse:							
<u></u> 2									
	PHYS:	ICAL EXA Abnorma		`omme	ents				
General Appearance	WINE	Autorina	1157	Jonanie	iiii				
Skin		Acne:							
Head									
Eyes ENT									
Teeth									
Neck / Thyroid									
Lungs		Tanner St.	F:	Br:	1	11	Ш	IV	V
Heart/Pulses Abdomen				PH:	I		Ш	IV	
Genitalia			M:	Gen: PH:	I I		11 	IV IV	V V
Back/Extremities		Scoliosis:			•	"	•••	14	•
Neurologic/DTRs									
Caregiver Interaction	لـــــا	Abuse or N	legled	t:					
		- PLANS -	FOI	LLOW	UP	•			
A. Well Middle Adole P.	scent Exar	n							
IMMUNIZA	TION/LA	BORATO	RY/N	1ISCE	LL	ANE	ous		
☐ Td, if indicated		☐ Varicella	ı, if iı	ndicate	d				
HBV, if indicated] Immuniz	ation	is revie	wed	& u	p-to-	date	
☐ Hgb yearly in post		PPD, if a							
menarchal females	_	Choleste							
Dipstick UA, if ind Multivitamin, if in		☐ STD test	/PAP	, 11 Ina	licat	ea			
I William Vicantian, II in									
T Haalthu Habita.		EDUCATIO		نىدۇمە ا	1	::•	TU		
☐ Healthy Habits: : BSE/TBE; tobacco/a									
☐ Diet: 1500 mg C									
diet; limit pop; bing									
☐ Injury Prevention	: seat belt	s; driver/pa	sseng	ger safe	ety;	weap	юns;	helm	iets;
fire safety Family/Social Inte	ractions	neer nreccu	re an	d refus	al c	Lille.	cofe	relat	ion-
ships; family time;									
chores; social respo	nsibility; s	piritual hea	lth						
Other: normal se	xual feeli	ngs/how to	say	no, at	ostir	ence	e; ne	w sk	ills,
talents, interests; fu	ture plans,	college, car	reer						
Signature:									
Signature.	No.	E.U							_



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

Name:	Date:			
D.O.B	Age: Informant:(consider private inter			
Allergies:	Meds:			
Diet:	INTERVAL HISTORY			
Illnesses/Injuries:	Exposure to smoke: Behavior concerns:			
Sleep pattern: Hearing:	Other concerns:			
Changes in the home: Supervision: Menstrual Hx:				
VITALS	SCHOOL/SOCIAL			
Temp:	YES NO ☐ ☐ Attends school regularly?			
Pulse: Resp:	☐ ☐ Reading/math at grade level?			
BP:	☐ ☐ Trouble with school or law?			
Wt:	☐ ☐ Do you feel safe? ☐ ☐ Do you often feel down or depressed?			
Ht:	Do you use tobacco, alcohol or drugs?			
BMI:	☐ Have you started dating? ☐ Do you like the way you look?			
VISION SCREEN	Nurse:			
R:/ L:/	PHYSICAL EXAM WNL Abnormals / Comments			
General Appearance	Abhormais/ Comments			
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 Genitalia	M: Gen: I II III IV V			
Back/Extremities	PH: I II III IV V			
Neurologic/DTRs	Scorosis.			
Caregiver Interaction	Abuse or Neglect:			
A. Well Early Adoles				
P.	Cent Exam			
IMMUNIZA	ATION/LABORATORY/MISCELLANEOUS			
Td, if indicated	☐ Varicella, if indicated			
☐ HBV, if indicated☐ Hgb yearly in pos				
menarchal female				
Dipstick UA, if in				
☐ Multivitamin, if in				
	EDUCATION			
	sunscreen; physical activity; limit computer/TV; o, alcohol, drugs; oral health.			
Diet: 1500 mg C	o, alconol, drugs; oral nealth. A/day; skim milk; 5-A-Day; breakfast; low-fat, varied			
diet; limit pop; bi	nging, purging, fasting n: seat belt; backseat till 12; helmet; gun safety; water			
safety.	eractions: home-alone rules; family rules; family tradi-			
tions; know friend	ls; household/social responsibility; spiritual health			
	body changes; how to say no, abstinence; emerging in- tiating rules; clear expectations; peer pressure			
	F			
Signature: Dictation: Yes	No Follow-up: & pro			
Pictation. L. ICS L.	, 1.10 I Ollow-up & pm			

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

Name:	Date:
D.O.B	Age: Informant:(consider private interview)
Allergies:	Meds:
Dian	INTERVAL HISTORY
Diet: Illnesses/Injuries: Sleep pattern:	Exposure to smoke: Behavior concerns:
Hearing: Changes in the home: Supervision: Menstrual Hx:	Other concerns:
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
General Appearance Skin Head Eyes ENT Teeth Neck / Thyroid Lungs Heart/Pulses Abdomen Genitalia Back/Extremities Neurologic/DTRs Caregiver Interaction PROBLEMS – PLANS A. Well Early Adolesce P.	
☐ Td, if indicated ☐ HBV, if indicated ☐ Hgb yearly in post- menarchal females ☐ Dipstick UA, if indi ☐ Multivitamin, if ind ☐ Healthy Habits: St. ☐ BSE/TSE; tobacco, ☐ Diet: 1500 mg CA/ diet; limit pop; bing ☐ Injury Prevention: safety. ☐ Family/Social inter tions; know friends; ☐ Other: expected bo	
Dictation: Yes N	lo Follow-up: & prn



Ì	Name:	Date:					
1	D.O.B	Age: Informant:					
1	Allergies:	Meds:					
		INTERVAL HISTORY					
1	Diet: Ilnesses/Injuries: Stools: Sleep pattern: Hearing: Child care: Changes in the home:	Exposure to smoke: Behavior problems: Caregiver concerns:					
1	VITALS Femp: Pulse: Resp: BP: Wt: Ht: BMI: VISION SCREEN	SCHOOL PERFORMANCE YES NO Attends school regularly Reading/math at grade level Able to follow rules Interacts positively w/peers (bullying)/teachers Discusses school day at home Feels safe Teacher concerns:					
	R:/_ L:/_	Nurse:					
	General Appearance Skin Eyes ENT Feeth Neck / Thyroid Lungs Heart/Pulses Abdomen Genitalia Back/Extremities Neurologic/DTRs Caregiver Interaction	Abnormals / Comments Acne:					
,	PRO A. Well Child Exam	DBLEMS - PLANS - FOLLOW UP					
ı	P						
ı	_	IMUNIZATION/LABORATORY iewed and up-to-date (esp. varicella status)					
7 I	PPD, if at risk	☐ Cholesterol, if at risk					
107-11 109	Healthy Habits: sinsect protection; t Diet: breakfast; 5- fiber; family meals Injury Prevention gun and fire safety Family/Social Inte appropriate sex ed friends; limits; con	EDUCATION sunscreen; adequate sleep; physical activity; oral health; obacco/alcohol/drugs A-Day; limit high fat/low nutrient foods; skim milk; s a: car safety - back seat; booster seat to 80 lbs. and 57";					
	Signature:	No Follow-up: & pm					

WELL CHILD EXAM 8-9-10 YEARS

Name:		Date:
D.O.B	Age: _	Informant:
Allergies:		Meds:
Diet:	INT	ERVAL HISTORY
Illnesses/Injuries:		Exposure to smoke: Behavior problems:
Stools: Sleep pattern: Hearing:		Caregiver concerns:
Child care: Changes in the home:		SCHOOL PERFORMANCE
VITALS	YES	
remp:	님	Attends school regularly
Pulse:	꿈	Reading/math at grade level Able to follow rules
Resp: BP:	님	Interacts positively w/peers (bullying)/teachers
Wt:	H	Discusses school day at home
Ht:		Feels safe
BMI:		Teacher concerns:
VISION SCREEN R:/ L:/	_ N	urse:
		SICAL EXAM
	WNL	Abnormals / Comments
General Appearance	ļ	Acne:
Skin Eyes		Actie.
ENT		1
Teeth		
Neck / Thyroid		Tanner St. F: Br: I II III IV V
Lungs 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 Neurologic/DTRs	ļ	Scoliosis:
Caregiver Interaction		Abuse or Neglect:
PR A. Well Child Exam	OBLEM	S - PLANS - FOLLOW UP
Р.		
I	MMUNIZ	ZATION/LABORATORY
Immunizations rev	viewed ar	nd up-to-date (esp. varicella status)
PPD, if at risk		Cholesterol, if at risk
Usalthy Habits	cuncorea	EDUCATION n; adequate sleep; physical activity; oral health;
insect protection;		
Diet: breakfast; 5	-A-Day;	limit high fat/low nutrient foods; skim milk;
	n: car saf	Tety - back seat; booster seat to 80 lbs. and 57";
	eraction	s: supervision before and after school; age-
friends; limits; co	nsequenc	puberty; limit TV/video/computer; know child's es; personal space andling anger/conflict resolution; peer pressure
— Other: reading; n	oooies, n	andring anger/conflict resolution; peer pressure
Signature:		

_ & pm

Follow-up: ___

Dictation: Yes No



Name:		Date:
D.O.B.	Age:	Informant:
Allergies:		Meds:
Dia.	INTERVA	L HISTORY
Diet:		Booster seat:
Illnesses/Injuries:		Exposure to smoke:
Stools:		Behavior problems:
Sleep pattern: Hearing:		Caregiver concerns:
Child care:		
Changes in the home	:	
VITALS	YES NO	SCHOOL PERFORMANCE
Temp:		•
Pulse: Resp:		Progressing satisfactorily
BP:		Able to follow rules at school
Wt:		Keeps up with other children at play
Ht:		Interacts positively with peers/teachers
BMI:		Teacher concerns:
VISION SCREEN		
R:/_ L:/	Nurse: _	
	PHYSICAL	
General Appearance		ormals / Comments
Skin		
Head		
Eyes ENT		
Teeth		
Neck / Thyroid		
Lungs Heart/Pulses		
Abdomen		
Genitalia Extremities/Back		
Neurologic/DTRs		
Caregiver Interaction	n Abus	se or Neglect:
P	ROBLEMS – PL	ANS - FOLLOW UP
A. Well Child Exan	1	
P.		
	IMMUNIZATIO	N/LABORATORY
☐ Immunizations		_
- Illillullizations	eviewed and up-to	<u> </u>
		☐ Cholesterol, if at risk
		CATION
	: adequate sleep; ke-free environme	frequent physical activity; oral health;
		nutrient foods; 5-A-Day; skim milk;
fiber; limit carb	onated beverages;	TV off during meals; family meals
		pooster seat until 80 lbs. and 57", back
☐ Family/Social in		friends; limit TV, computer games; read
		gement; family rules
Uther: sate afte	r-school environm	nent; visit school; avoid over-scheduling
Signature:		
Dictation: Yes	□ No	Follow-up: & pn

WELL CHILD EXAM 6-7 YEARS

Name:		Date:	
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:		SCHOOL PERFORMANCE	
VITALS	YES NO	SCHOOL PERFORMANCE	
Temp: Pulse:		Attends school regularly	
Resp:		Progressing satisfactorily	
BP:		Able to follow rules at school	ala.:
Wt:	H H	Keeps up with other children at p Interacts positively with peers/teach	-
Ht:	55	Teacher concerns:	
BMI:			
VISION SCREEN R:/_ L:/	Nurse:		
	PHYSICAL I	EXAM	
		mals / Comments	
General Appearance Skin			
Head			
Eyes			
ENT Teeth			
Neck / Thyroid			
Lungs Heart/Pulses			
Abdomen			
Genitalia			
Extremities/Back Neurologic/DTRs			
Caregiver Interaction	Abuse	or Neglect:	
PRO	OBLEMS - PLA	NS - FOLLOW UP	
A. Well Child Exam			
P.			
· IN	MUNIZATION	/LABORATORY	
☐ Immunizations rev		_	
_ minimizations lev	ic wed and up-to-	_	
		Cholesterol, if at risk	
		equent physical activity; oral healt	th;
sunscreen; smoke			
		outrient foods; 5-A-Day; skim mill 'V off during meals; family meals	K;
☐ Injury Prevention	n: car safety - bo	oster seat until 80 lbs. and 57", ba	ck
seat; helmets; fire,	•	•	no.d.
assign simple chor		riends; limit TV, computer games; ment; family rules	read;
		nt; visit school; avoid over-schedu	ling
Cianatura			
Signature:	N-	Tallam and	<u> </u>
Dictation: L. Yes L.	140	Follow-up:	& pm

WELL CHILD EXAM

Name:		Date:
D.O.B	Age:	Informant:
	=	Meds:
7 Micigicos		AL HISTORY
	INTERV	AL IIISTORT
Diet:		Booster seat:
Illnesses/Injuries:		Exposure to smoke:
Stools:		Lead exposure:
Sleep pattern:		Behavior problems:
Speech:		
Hearing:	1.	Caregiver concerns:
Child care/Preschoo Changes in the hom		
VITALS	DEVELO	DMFNT
VIIALS		ircle if abnormal, see dictation
Temp:	☐ Sings a	
Pulse:		eech understandable
Resp:		guishes fantasy from reality
BP:	_	first and last name
Wt:	=	on one foot
Ht:		a three-part person
BMI:		s ball overhand
VISION SCREEN		
R:/_ L:/		
		CAL EXAM
General Appearance		normals / Comments
Skin		
Head		
Eyes		
ENT		
Teeth Neck		
Lungs		
Heart/Pulses		
Abdomen		
Genitalia		
Extremities/Back Gait/Neurologic		
Caregiver Interactio	n Abı	use or Neglect:
· ·		_
		LANS – FOLLOW UP
A. Well Child Exar	n	
P.		
	IMMUNIZATI	ON/LABORATORY
☐ Immunizations	reviewed and up-	to-date PPD, if at risk
☐ Assess lead risk		
— Assess Icau HSK		
П неевен нее		ICATION
smoke-free env		ourage physical activity; see dentist;
		s; limit sweet drinks; skim milk
		booster seat at 40 lbs., back seat; bike
helmet; no tran	poline; gun safet	y; close supervision; fire safety; street-
crossing; water	-	d computer games; read; listen; respect;
interest in activ		id computer games, read; fisten; respect;
Other: disciplin	ne (rules, limits, t	ime-out); curiosity about sex (use correct
terms, answer q		-
Cianot:		
Signature:		
Dictation: Yes	s 🔲 No	Follow-up: & pr

Follow-up: ___

__ & pm

WELL CHILD EXAM 5 YEAR

Name:		Date:
D.O.B.		Informant:
Allergies:		
	INTERVAL	L HISTORY
Diet:		Booster seat:
Illnesses/Injuries:		Exposure to smoke:
Stools: Sleep pattem:		Lead exposure: Behavior problems:
Speech:		•
Hearing: Child care/Preschool:		Caregiver concerns:
Changes in the home:		
VITALS	DEVELOPM	1ENT
		le if abnormal, see dictation
Temp:	Dresses v	· •
Pulse: Resp:	Copies to	it on fingers jangle or square
BP:		erson with head, body, arms, legs
Wt:	_	es most letters and can print some
Ht:	☐ Plays ma	ke-believe
BMI:		
VISION SCREEN R:/_ L:/_		
		AL EXAM
		rmals / Comments
General Appearance		
Skin Head		
Eyes		
ENT Teeth		
Neck	 	
Lungs		
Heart/Pulses Abdomen	 -	
Genitalia		
Extremities/Back Gait/Neurologic		
Caregiver Interaction	Abuse	or Neglect:
PF	ROBLEMS – PLA	NS - FOLLOW UP
A. Well Child Exam		
P.		
	_	V/LABORATORY
☐ MMR #2	☐ DTAP#5	☐ IPV #4
UA	PPD, if at ris	k Cholesterol, if at risk
☐ Assess lead risk -		
7155655 1646 1158		ATION
☐ Healthy Habits:		hysical activity; see dentist; sunscreen;
smoke-free envir	•	
	5-A-Day; skim mi	
	•	oster seat until 80 lbs. and back seat; ety; gun safety; street-crossing; stranger
awareness		
•	ion: family meals;	read; limit TV and computer games;
encouragement Other: good touc	ch, had touch: disc	ipline (rules, limits, time-out, self-
	onable expectations	
	•	
Signature:	□ N-	Fallow was
Dictation: Yes	□ No	Follow-up: & pm



Name:		Date:	
D.O.B	_ Age:	Informant:	
Allergies:		Meds:	
		HISTORY	
Diet:	INIERVAL	IIISTORI	
llinesses/injuries:		Car seat:	
Stools:		Exposure to smoke:	
Sleep pattern: Speech:		Lead exposure: Behavior problems:	
Hearing:		Caregiver concerns:	
Vision:		•	
Child care: Changes in the home	:		
VITALS	DEVELOPM	(ENT	
		le if abnormal	
Temp:	Stairs, or	e step at a time	
Pulse:	☐ Kicks ba	11	
Resp:	Stacks 5	blocks	
Wt:		east 20 words	
Ht:		understands half of speech	
HC:		wo-step commands	
BMI:	☐ Imitates	adults	
	Nurse:		
	PHYSICA	L EXAM	
	WNL Abno	rmals / Comments	
General Appearance	—		
Skin Head			
Eyes			
ENT			
Teeth Neck			
Lungs			
Heart/Pulses			
Abdomen			
Genitalia Extremities/Back			
Gait/Neurologic			
Caregiver Interaction	Abuse	or Neglect:	
PI	ROBLEMS – PLA	NS - FOLLOW UP	
A. Well Child Exam			
P.			
	IMMUNIZATIO	N/LABORATORY	
☐ Immunizations r	eviewed and up-to-	date 🔲 Lead test	
PPD, if at risk	☐ Consider	cholesterol, if at risk	
		ATION	
Healthy Habiter		rage physical activity; bedt	ime coutine:
oral hygiene	Suisciteii, theou	rage physical activity, ocul	ane routine,
		ood; healthy food choices;	limit juice;
≤ 24 oz. milk/da			
Injury Preventi safety; gun safet	•	poisons; falls; playground	safety; wate
	ion: play with chil ion; family meals	d; praise child; read; limit 7	ľV;
	•	nerging independence	,
Signature:			
Dictation: Yes	□ No	Follow-up:	& pr

WELL CHILD EXAM 3 YEAR

Name:		Date:
D.O.B	Age:	Informant:
Allergies:		Meds:
Diet:		AL HISTORY
Illnesses/Injuries:		Car seat:
Stools:		Exposure to smoke:
Sleep pattern: Speech:		Lead exposure: Behavior problems:
Hearing:		Caregiver concerns:
Vision: Child care/Preschool:		
Changes in the home:	DEVELOP	MENT
	_	rcle if abnormal
Temp:	_	r understands 3/4 of speech
Pulse:	☐ Rides to	ncycle
Resp: BP:	☐ Kicks b	all
Wt:	=	name, age, sex
Ht:	_	circle, cross
BMI:		
	Numar	
		CAL EXAM ormals / Comments
General Appearance		
Skin		
Head		
Eyes ENT		
Teeth		
Neck		
Lungs		
Heart/Pulses Abdomen		
Genitalia		
Extremities/Back		
Gait/Neurologic		an Martanta
Caregiver Interaction		se or Neglect:
)BLEMS – PL	ANS – FOLLOW UP
A. Well Child Exam		
P. IN	MUNIZATIO	DN/LABORATORY
☐ Immunizations rev	riewed and up-t	o-date PPD, if at risk
☐ Assess lead risk —		
	EDU	CATION
☐ Healthy Habits:	see dentist; sun	screen; encourage physical activity
Diet: healthy food	choices and sr	acks; limit sweet drinks; low-fat milk
Injury Prevention water safety; plays		y; poisons; falls; stranger awareness; gun safety
☐ Family Interactio		
Other: toilet-train	ing: choices: lir	nits; time-out; socialization; help with
fears; praise		anne-out, socialization, neil with
Signature:		
Dictation: Yes	□ No	Follow-up: & prn



	WELL CHILD EXAM 15 MONTHS
Name:	Date:
D.O.B	_ Age: Informant:
Allergies:	Meds:
Diet:	INTERVAL HISTORY
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	DEVELOPMENT √ WNL; circle if abnormal
Temp: Pulse: Resp.: Wt: Ht: HC:	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
General Appearance Skin Head Eyes ENT Teeth Neck Lungs Heart/Pulses Abdomen Genitalia Extremities/Back Gait/Neurologic Caregiver Interaction	Abuse or Neglect: ROBLEMS - PLANS - FOLLOW UP
A. Well Child Exam	
□ nava	MMUNIZATION/LABORATORY Comvax #3 (HBV/Hib)
Immunization inf	
Healthy Habits:	EDUCATION no second-hand smoke; sunscreen; parents as role iene; see dentist
☐ Diet: whole mill	x—no bottle; table foods; ≤ 24 oz. milk/day; limit juice; llow to feed self; decreased appetite; parents offer healthy
Injury Prevention lead; falls; water	on: car seat safety; poisons; burns; choking hazards; safety; lower crib mattress
Family Interaction exploration opportunity	on: read; avoid TV; interactive play; family meals; offer rtunities
Other: stranger a behavior)	inxiety; discipline (consistent limit-setting, praise good

Follow-up:

& pm

Signature: ______ Yes No

WELL CHILD EXAM 18 MONTHS

Name:		Date:	
D.O.B	Age:	Informant:	
Allergies:		Meds:	
Diet:	INTERVA	AL HISTORY	
llinesses/Injuries:		Car seat:	
Stools: Sleep pattern:		Exposure to smoke: Lead exposure:	
Speech:		Behavior problems:	
Hearing:		Caregiver concerns:	
Vision:			
Child care: Changes in the home	:		
_			
VITALS	DEVELOP	MENT role if abnormal	
Temp:		to some body parts	
Temp: Pulse:	☐ Walks I		
Resp:	☐ Throws		
Wt:	☐ 15-20 v		
Ht:	=	vo-word phrases	
HC:	_	oon and cup	
nc.		to story—looking at pictures or nam	uina.
	objects		ııııg
	☐ Shows		
	☐ Follows	s simple directions	
	☐ Scribble		
	N		
	Nurse:		
		CAL EXAM	
Consent Assessment	WNL Abn	ormals / Comments	
General Appearance Skin			
Head			
Eyes			
ENT			
Teeth Neck	· · ·		
Lungs			
Heart/Pulses			
Abdomen Genitalia			
Extremities/Back			
Gait/Neurologic			
Caregiver Interaction	Abu	se or Neglect:	
PR	ROBLEMS - PL	ANS - FOLLOW UP	
A. Well Child Exam			
P.			
	MMUNIZATIO	ON/LABORATORY	
☐ DTaP#4	☐ IPV #3		
Immunization inf		Assess lead risk - test if high-	risk
	•		
П		CATION	
models; oral heal		smoke; sunscreen; parents as role edures	
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			:e;
Injury Prevention: car seat safety; poisons; burns; parking lot safety; choking hazards; lead; falls; water safety			' •
☐ Family Interacti	on: read; avoid	ΓV; affection; family meals	
		·	
Utner: discipline	(ocgin time-out-	—1 minute per year); biting phase	
Signature:			
Dictation: Yes	□N₀	Follow-up: &	k pm

Follow-up:

& pm



Name:	Date:
Age: Inform	mant:
Allergies:	Meds:
	INTERVAL HISTORY
Diet: Illnesses/Injuries: Stools: Sleep pattern:	Exposure to smoke: Caregiver concerns:
Speech: Hearing: Vision: Child care: Changes in the home:	
VITALS	DEVELOPMENT
Temp:	√ WNL; circle if abnormal Responds to own name
Resp:	Understands a few words "No-No" "Bye-Bye"
Ht:	☐ Creeps/crawls
Wt:	☐ Sits independently
HC:	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:
PRO	DBLEMS - PLANS - FOLLOW UP
A. Well Child Exam	•
P.	MUNIZATION/LABORATORY
	EDUCATION
☐ Immunizations re	eviewed and up-to-date.
Healthy Habits: models; oral hygic	no second-hand smoke; sunscreen; parents as role ene
Diet: breast milk or hard candy; lim	or formula with iron; solids, no nuts, hot dogs, popcorn it juice; start cup
	n: car seat safety (rear-facing til age 1); crib safety; g; poisons; outlets; hanging hazards; lpecac; no walkers
☐ Family Interaction	n: avoid TV; talk, sing, read, play; bedtime routine
Other: discipline	(distraction-remove from danger); no bottle in bed
Signature:	Date:
District. Ver	

VELL CHILD EXAM 12 MONTHS

Name:	Date:
Age: Infor	mant:
Allergies:	Meds:
	INTERVAL HISTORY
Diet:	Exposure to smoke:
Illnesses/Injuries:	Caregiver concerns:
Stools:	
Sleep pattern:	
Speech:	
Hearing:	
Vision:	
Child care:	
Changes in the home:	
VITALS	DEVELOPMENT
VIIALO	√ WNL; circle if abnormal
Temp:	Pulls to stand, cruises, may take steps
	☐ Plays social games
Resp:	Has precise pincer grasp
Ht:	
Wt:	Points with index finger
HC:	1-3 words
	☐ Imitates vocalizations
	☐ Drinking from cup/feeds self
	Looks for dropped object
	☐ Waves "Bye Bye"
	- waves bye bye
	Nurse:
	PHYSICAL EXAM
	WNL Abnormals / Comments
General Appearance	MADIO
Skin	
Head/Fontanelle	
Eyes	
ENT	·
Teeth	
Neck	
Lungs	
Heart/Femoral pulses	
Abdomen	<u></u>
Hips	
Genitalia	
Extremities/Back Neurologic	
Caregiver Interaction	Abuse or Neglect:
Carogiver interaction	
PR	OBLEMS - PLANS - FOLLOW UP
A. Well Child Exam	
Р.	OF THE AMONG A DOD!
11	MMUNIZATION/LABORATORY
☐ MMR #1	☐ Varicella ☐ Lead Test ☐ Hgb
PPD (if at risk)	Immunization information given
L II D (II at 115k)	EDUCATION
_	EDUCATION
Healthy Habits:	no second-hand smoke; sunscreen; parents as role
models; oral hygic	ene
Diet: self-feeding	; whole milk; avoid junk food; stop bottle; healthy
	; avoid choke foods; decreased appetite
_	· · · · · · · · · · · · · · · · · · ·
	n: car seat safety (forward-facing if > 20#); outdoor
safety; burns; falls	s; smoke detectors; poison control (1-800-352-2222)
☐ Family Interaction	on: read; avoid TV; interactive play; family meals
_ `	• • • •
	(consistent limit-setting, limited rules); establish
routines	
Signature:	Date:
Dictation:	□ No Follow-up: & prn

Follow-up: _



D.O.B	Age:	Informant:
Allergies:		Meds:
	INTEDVA	L HISTORY
Diet:	INTERVA	LHISTORI
Illnesses/Injuries:		Sleep position:
Stools:		Car seat rear-facing?:
Sleep pattern:		Exposure to smoke:
Speech: Hearing:		Caregiver concerns:
Vision:		
Child care: Changes in the home:		
VITALS	DEVELOP	MENT
····		cle if abnormal
Temp:		laughs or squeals
Pulse:	☐ Babbles	
Resp:	☐ Head ere	ect when prone
Wt:	_	one to supine
Ht:	Grasp ra	ttle
HC:	☐ Reaches	or bats for object
	Nurse:	
		AL EXAM
General Appearance	WNL Abno	ormals / Comments
Skin		
Head/Fontanelle		
Eyes ENT		
Neck		
Lungs		
Heart/Femoral pulses		
Abdomen Genitalia		
Extremities/Back		
Hips		
Neurologic		- Nadan
Caregiver Interaction		e or Neglect:
	OBLEMS – PL	ANS – FOLLOW UP
A. Well Child Exam		
P.	MUNIZATIO	N/LABORATORY
☐ DTaP #2	☐ 1PV #2	Comvax #2 (HBV/Hib)
☐ PCV7 #2	Immunizatio	on information given
	EDUC	ATION
Healthy Habits: know CPR/chokin		; avoid sun; no second-hand smoke; oral hygiene
		iron; possibly starting solids, with y until age 1; consider vitamin w//Fe
	n: car seat safet	y; choking; crib safety; no walkers;
Injury Prevention burns; falls		
burns; falls	on: hold, rock, cu	iddle, talk, read; bedtime routine
burns; falls Family Interaction		uddle, talk, read; bedtime routine om danger); teething

WELL CHILD EXAM 6 MONTHS

Name:		Date:
D.O.B	Age:	Informant:
Allergies:		Meds:
Diet:	INTERV	AL HISTORY
Illnesses/Injuries:		Sleep position: Car seat rear-facing?:
Stools: Sleep pattern:		Exposure to smoke:
Speech:		Caregiver concerns:
Hearing:		•
Vision:		
Child care: Changes in the home:		
VITALS	DEVELO	PMENT
		circle if abnormal
Temp:		lizes single consonants "DaDa"
Pulse:		both ways
Resp:		ead lag when pulled to sit
Wt:		vith support
Ht:		weight on legs
HC:		os and mouths objects show stranger anxiety
		fers objects hand to hand
	Nurse:	•
	_	ICAL EXAM
	WNL A	onormals / Comments
General Appearance		
Skin Head/Fontanelle	\vdash	
Eyes		
ENT		
Neck		
Lungs Heart/Femoral pulses		
Abdomen		
Genitalia		
Extremities/Back		
Hips Neurologic	\vdash	
Caregiver Interaction	At	ouse or Neglect:
PRO		PLANS - FOLLOW UP
A. Well Child Exam		
P.		
	IMUNIZAT	ION/LABORATORY
☐ DTaP#3 ☐	PCV7#3 EDI	Immunization information given UCATION
Healthy Habits: 3 CPR/choking man	SIDS prevent agement; ora	ion; no second-hand smoke; know care (assess fluoride needs); sunscreen
spoon; limit juice	< 4 oz/day; no	th iron still main source; solids, with to honey, eggs, orange juice until age 1; feeding; no bottle in bed
Injury Prevention supervised when e	: car seat sa ating; high ch	fety (rear-facing til age 1); always air safety; crib safety; outlets; hanging
_		-proof home; burns; no walkers
_		read, play; avoid TV; bedtime routine
Other: teething; so from danger)	paration anxi	ety; no punishment (distraction, remove
Signature:		

Follow-up:

Dictation: Yes No

WELL CHILD EXAM 1-2 WEEKS

Name:		Date:
D.O.B	Age:	lnformant:
		Meds:
	INTERVA	AL HISTORY
Diet:		
Illnesses/Injuries: Stools: Exposure to smoke: Hearing results: Vision: Car seat rear-facing?: Living Arrangements:		Sleep position: Sleep pattern: Sibling rivalry: Caregiver Concerns:
Child care:		
VITALS Birth Wt: Temp: Pulse: Resp: Wt:	Respor	ricle if abnormal nds to sound (blinking, crying, quieting) s on human face exed posture all extremities
Ht: HC:	☐ Startle	retlex
, 110.	Nurse:	
	PHYSI	CAL EXAM
General Appearance Skin Head/Fontanelle Eyes ENT Neck Lungs Heart/Femoral pulses Abdomen Umb. Stump Genitalia Extremities/Back Hips Neurologic Caregiver Interaction PR:	Abu	use or Neglect: LANS – FOLLOW UP
A. Well Child Exam		
Р.	ANALIS A TO	
Reviewed newbor		ON/LABORATORY
L Reviewed newbor		CATION
Healthy Habits:	SIDS prevention	on; no drugs/ETOH/smoke with breast-
_		h iron; don't microwave or prop bottles
		ty, crib safety, water temperature <120°F,
☐ Family Interaction	on: hold, cuddl	e, rock, talk, sing; maternal depression
	constipation; il	lness; breast-feeding; supplementing;
Signature:	□ No	Follow-up: & pro

WELL CHILD EXAM 2 MONTHS

Name:		Date:
D.O.B	Age:	Informant:
Allergies:		_ Meds:
	INTERVAL	HISTORY
Diet:		
Illnesses/Injuries:		Sleep position:
Stools:		Car seat rear-facing?:
Sleep pattern: Speech:		Sibling rivalry: Exposure to smoke:
Hearing:		Caregiver concerns:
Vision:		•
Child care: Changes in the home:		
VITALS	DEVELOPM √ WNL; circl	
Temp:	_	vocalizes reciprocally
Pulse	☐ Is attentiv	• •
Resp:	☐ Smiles re	sponsively
Wt:	☐ Follows v	with eyes
Ht:	Lifts head	i when prone
HC:	☐ Some hea	d control when upright
	Nurse:	
		L EXAM
		rmals / Comments
General Appearance		•
Skin Head/Fontanelle	├	
Eyes		
ENT		
Neck		
Lungs Heart/Femoral pulses	 	
Abdomen	 	
Umb. Stump		
Genitalia		
Extremities/Back Hips	\vdash	
Neurologic	 	
Caregiver Interaction	Abuse	or Neglect:
PR	OBLEMS - PLA	NS - FOLLOW UP
A. Well Child Exam		
P.		
11	MMUNIZATION	V/LABORATORY
☐ DTaP#1	☐ IPV#I	Comvax #1 (HBV/Hib)
□ PCV7#1	☐ Immunization	n information given
	EDUC	ATION
		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		
	n: smoke detecto	ors; falls; burns; car seat safety
☐ Family Interaction	on: baby temperar	nent; hold, rock, cuddle, sing, talk,
read; maternal de		Language Manager 1
	•	ess; breast-feeding; supplementing; by planning; no low-iron formula
Signature:		
Dictation:	□ No	Follow-up: & pm