

**SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 5 YEARS**

Name: _____ DOB: _____
 Date of Visit _____ Age _____
 Parental Language Barrier: N Y _____

PARENTAL CONCERNS/ONGOING & INTERIM PROBLEMS

No Concerns

PAST MEDICAL HISTORY

Allergies _____ Immunization Reactions _____
 Other _____

PRESENT HISTORY

Meds: _____
 Diet: _____
 Calcium _____
 Fruit/Veg _____
 Exercise _____
 Elimination _____
 Sleep _____
 Dental _____

DEVELOPMENT

Draws square Knows colors Counts to 10
 Hops on 1 foot Throws overhand Writes Name
 Separates Knows Phone #, Address
 Speech / Articulation _____
 School Plans _____

SOCIAL

Behavior/Discipline _____

 TV _____

FAMILY

Smoke Exposure Yes No _____
 Child Care/After School Care _____
 Other _____

Information completed by: _____
 Relationship to child: _____

PHYSICAL EXAMINATION

Length _____ Weight _____ BMI _____ BMI% _____
 BP _____ Temp _____ Pain _____

N AB COMMENTS

- Gen. Appearance _____
- Skin _____
- Head/Fontanel _____
- Eyes/RR/Strabismus _____
- Ears/Nose/Oropharynx _____
- Neck/Nodes _____
- Chest/Lungs _____
- Cardiovascular/Pulses _____
- Abdomen _____
- Genitalia _____
- Musculoskeletal _____
- Neuro/Reflexes _____
- Hearing (attempt formal) R _____ L _____
- Vision (attempt formal) R _____ L _____

ANTICIPATORY GUIDANCE

- Diet**
- Family Meals
- Healthy Snacks
- Food Pyramid
- Water/Swimming Safety
- Fire Safety
- Development**
- Parent Involvement
- Chores at Home
- TV Limits/Content
- Library Card/Reading
- Exercise/Outdoor Play
- Injury Prevention**
- Car Seat/Seatbelts
- Bicycle Safety/Helmet
- Medical Education**
- Review Immunizations
- Handwashing
- Telephone

LABS: U/A _____ Hgb/Hct _____

- Cholesterol Risk Factors Yes No
- Lead Risk Factors Yes No
- Tb Skin Test _____ Risk Factors Yes No

ASSESSMENT/RECOMMENDATIONS:

- Healthy Child Dental Referral _____
- Review Immunizations _____
- _____
- _____
- Return for 6 - 7 year checkup _____, M.D.

SICK VISIT – Mod 25

CC: _____
 HPI: _____
 MDM: _____
 >50% of _____ min visit spent counseling