WELL CHILD EXAM-EARLY CHILDHOOD: 4 Year

DATE

PATIENT NAME	DOB	SEX	PARENT/GUARDIAN NAME

Allergies	Current Medications

Prenatal/Family History

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

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

WIC ☐ Y ☐ N

Elimination ☐ Normal ☐ Abnormal

Exercise Assessment

Physical Activity: _____ minutes per day

Sleep

☐ Normal (8 – 12 hours) ☐ 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

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

Psychosocial/Behavioral Assessment

☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

Screen If Risk:
- ☐ IPPD _____ (result)
- ☐ Hct or Hgb _____(result)
- ☐ Dyslipidemia _____(result)

If not previously tested:
- ☐ Lead level _____ mcg/dl (required for Medicaid)

Immunizations:
- ☐ Immunizations Reviewed, Given & Charted *– if not given, document rationale*
- ☐ **Flu** ☐ Other_____
- ☐ Acetaminophen ____ mg. q. 4 hours

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

☐ Abnormal Findings and Comments
If yes, see additional note area on next page

Results of visit discussed with parent ☐ Y ☐ N

Plan
- ☐ History/Problem List/Meds Updated
- ☐ Referrals
  - ☐ WIC ☐ Head Start
  - ☐ Children Special Health Care Needs
  - ☐ Transportation
  - ☐ Other_____
- ☐ Other _____

Anticipatory Guidance/Health Education
(√ **if discussed)**

Safety
- ☐ Appropriate car seat placed in back seat
- ☐ Smoke-free Home and car /smoke alarms
- ☐ Use bike helmet
- ☐ Teach stranger/pedestrian/playground safety & supervise child when outdoors
- ☐ Childproof home - (matches, poisons, cigarettes, cleaners, medicines, knives)
- ☐ Gun safety

Nutrition/physical activity
- ☐ Physical activity in a safe environment
- ☐ Family physical activity
- ☐ Limit screen time to 1-2 hours per day
- ☐ Offer variety of healthy foods
- ☐ Eat meals as a family

Child Development and Behavior
- ☐ Supervise tooth brushing
- ☐ Reinforce limits, provide choices
- ☐ Encourage child to talk about feelings
- ☐ Create a bedtime ritual that includes reading or calmly talking with your child
- ☐ Simple household tasks & responsibilities
- ☐ Praise good behavior and accomplishments

Family Support and Relationships
- ☐ Use correct terms for all body parts.
- ☐ Explain good touch/bad touch and that certain body parts are private
- ☐ Listen/respect/show interest in activities
- ☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
- ☐ Discuss community programs, preschool, head start, parenting groups, after school child care

Next Well Check: 5 years of age

Developmental Surveillance on Page 2
Page 3 required for Foster Care Children

Provider Signature:

See Next Page

Page 2 - WELL CHILD EXAM-EARLY CHILDHOOD: 4 Years – Developmental Surveillance
(This page may be used if not utilizing a Validated Developmental Screener)

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 is learning how to play and share with others.
☐	☐	My child says positive things about themselves.
☐	☐	My child can tell when others are happy, mad or sad.
☐	☐	My child enjoys pretend play.
☐	☐	My child eats a variety of foods.
☐	☐	My child can sing a song.
☐	☐	My child can hop on one foot.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I have people who assist me when I have questions or need help.
☐	☐	I am enjoying my time with my child.
☐	☐	I have time for myself, partner and friends.
☐	☐	I feel safe with my partner.
☐	☐	I feel confident in parenting.

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).

Child Development			Parent Development		
Dresses self	Yes	No	Appropriately disciplines child	Yes	No
Balances on each foot for 2 seconds	Yes	No	Parent is loving toward child	Yes	No
Says first and last name when asked	Yes	No	Positively talks, listens, and responds to child.	Yes	No
Can draw a person with three parts	Yes	No	Parent uses words to tell child what is coming next	Yes	No
Aggressive or destructive behavior that threatens, harms or damages people, animals or property	Yes	No			
Displays negativity, low self-esteem, or extreme dependence	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: _____

This HME form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Department of Human Services, Michigan Association of Health Plans, and Michigan Association of Local Public Health
Updated 4/2011

THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN
PAGE 3 – WELL CHILD EXAM-EARLY CHILDHOOD: 4 Years

DATE	CHILD'S NAME	DOB
Name and phone number of person who accompanied child to appointment: Name: Phone Number:		□ **Parent** □ **Foster Parent** □ **Relative Caregiver (specify** relationship)_____ □ **Caseworker**

Physical completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements

□ **Yes Please attach completed physical form utilized at this visit**

□ **No If no, please state reason physical exam was not completed**_____

_____

Developmental, Social/Emotional and Behavioral Health Screenings

Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Developmental Screening completed: Date_____

Screener Used: □ Pediatric Symptom Checklist (PSC) □ ASQ □ ASQSE □ PEDS □ PEDSDM

□ Other tool:_____ Score: _____

Referral Needed: □ No □ Yes Agency: _____

Referral Made: □ No □ Yes Date of Referral:_____ Agency: _____

Current or Past Mental Health Services Received: □ No □ Yes (if yes please provide name of provider)

Name of Mental Health Provider:_____

EPSDT Abnormal results:

Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc):

Provider Signature: _____

Provider Name_____
Please print

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PARENT HANDOUT

Your Child's Health at 4 Years

Milestones
Ways your Child is developing between 4 and 5 years of age.

- Counts on fingers and knows some letters
- Talks about what will happen tomorrow and what happened yesterday
- May begin to skip
- May have special friends and may tease or ignore some children
- Begins to know the difference between right and wrong and telling the truth and lying
- May want to be "just like you" and may want to share in the things you do
- Uses words to solve simple problems and say what they're feeling
- Plays dress-up and make believe with other children

For Help or More Information:

Age Specific Safety Information:
Call 1-202-662-0600 or go to http://www.safekids.org/safety-basics/

Car seat safety:
Contact the Auto Safety Hotline at 1-888-327-4236 or online at www.nhtsa.dot.gov

To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at www.seatcheck.org

Poison Prevention:
Call the Poison Control Center at 1-800-222-1222 or online at www.mitoxic.org/pcc

For information if you're concerned about your child's development:
Contact Project Find at http://www.projectfindmichigan.org/ or call 1-800-252-0052

Parenting skills or support:
Call the Parents HELPline at 1-800-942-4357 or the Family Support Network of Michigan at 1-800-359-3722.

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

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

Health Tips:
Your child will need some shots before starting school. Make sure you get them soon.

Be a role model for your child. Teach your child healthy habits by eating healthy foods, limiting screen time (T.V., computers, video games) and encouraging family physical activity.

Help your child get enough sleep so she will be happier and will learn easier! Put her to bed early so she gets 10 to12 hours of sleep at night. Have a bedtime routine to calm your child before going to sleep. Read a story or talk together before bed.

Each child develops in his own way, but you know your child best. If you think he is not developing well, call your child's doctor or nurse and tell them your concerns.

Parenting Tips:
Help your child know what to expect by making a calendar of pictures to show her activities for the day.

Your child learns best by doing. He needs to:
- Play active games (tag, ball, riding toys, climbing)
- Play board games and do puzzles

Limit television and computer time to 1 – 2 hours a day.

Help your child feel good about herself and others:
- Praise your child every day
- Be clear about behaviors that are okay or not okay
- Help your child use words when she is feeling upset instead of hitting, kicking, biting or saying mean things
- Talk to your child about why teasing other children is wrong and what she should do instead

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.
3. Call the free Parent Helpline at 1 800 942-4357 (in Michigan). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day.

Safety Tips
Booster car seats are for big kids! Use a booster in the back seat with lap/shoulder belts.

Make sure your child knows his address and phone number. Teach him how to call 911 in an emergency and to stay on the line if he has to call for help. Practice with a toy phone.

Teach your child to stop, drop, and roll on the ground if her clothes catch on fire.

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