WELL CHILD EXAM-EARLY CHILDHOOD: 5 Year

DATE

PATIENT NAME	DOB	SEX	PARENT/GUARDIAN NAME

Allergies	Current Medications

Prenatal/Family History

Weight	Percentile	Height	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 (8 – 12 hours) ☐ Abnormal
Additional area for comments on page 2

Screening and Procedures:
☐ Urinalysis (Required for Medicaid)

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

Immunizations:
☐ Immunizations Reviewed, Given & Charted – *if not given, document rationale*
☐ IPV ☐ DTaP ☐ **MMR** ☐ Flu
☐ Varicella or Chicken Pox Date: _____
☐ MCIR checked/updated
☐ 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 child/parent
☐ Y ☐ N

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

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

Safety
☐ Teach child to wash hands, wipe nose w/tissue
☐ Working smoke detectors/fire escape plan
☐ Appropriate booster seat placed in back seat
☐ Carbon monoxide detectors/alarms
☐ Pool/tub/water safety – swimming lessons
☐ Use bike/skating helmet
☐ Supervise near pets, mowers, driveways, streets
☐ Gun safety
☐ Childproof home - (matches, poisons, cigarettes, cleaners, medicines, knives)

Nutrition/physical activity
☐ Provide a healthy breakfast every morning
☐ 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
☐ Supervise tooth brushing
☐ Discuss flossing, fluoride, sealants

Child Development and Behavior
☐ Establish routines and traditions
☐ Explain good touch/bad touch and that certain body parts are private
☐ Reinforce limits, provide choices
☐ Simple household tasks & responsibilities
☐ Praise good behavior and actions
☐ Family Rules/Respect/Right from wrong
☐ Encourage expression of feelings

Family Support and Relationships
☐ Listen/respect/show interest in activities
☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
☐ Discuss community and recreational programs, school, and after school care
☐ Volunteer and become involved with school
☐ Meet your child's school teachers

Next Well Check: 6 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: 5 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 does what I ask them to do most of the time.
☐	☐	My child says positive things about themselves.
☐	☐	My child shows an ability to understand the feelings of others.
☐	☐	My child can tell a story using full sentences.
☐	☐	My child follows simple directions.
☐	☐	My child can recognize most letters and is able to print some letters.
☐	☐	My child can balance on one foot.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I have people I can turn to when I have questions or need help.
☐	☐	I feel good about my child starting school.
☐	☐	I am sad more often than I am happy.
☐	☐	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 without supervision	Yes	No	Appropriately disciplines child	Yes	No
Skips and hops	Yes	No	Parent is loving toward child	Yes	No
Draws a person with head, body, arms and legs	Yes	No	Positively talks, listens, and responds to child.	Yes	No
Appears unusually fearful, anxious or withdrawn	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	Parent encourages child to speak for him or her self, share ideas, wants and needs.	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 CHIDREN
PAGE 3 – WELL CHILD EXAM-EARLY CHILDHOOD: 5 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

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 5 Years

Milestones
Ways your child is developing between 5 and 6 years of age.

- Recognizes her own printed name
- May form special groups of friends and may be jealous of others
- Takes turns
- Feels proud of himself and his accomplishments
- Helps with family chores
- Able to follow rules at home and school and respect authority
- Beginning to learn rules for simple games
- Riding a bicycle and learning to swim

For Help or More Information:

Child sexual abuse, physical abuse, information and support:

- Contact the Child Abuse and Neglect Information Hotline or Parents HELPline at 1-800-942-4357
- The Michigan Coalition Against Domestic & Sexual Violence online at www.mcadsv.org
- Childhelp National Child Abuse Hotline1-800-4-A-CHILD (1-800-422-4453) or online at www.childhelp.org

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

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

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

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

Health Tips:
Continue to take your child for a check-up each year with a doctor or nurse.

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

Parenting Tips:
Eat together as often as possible. Turn off the TV and the phone, and enjoy each other.

Listen when your child talks to you. Look at him and pay attention. Then answer or ask about his ideas. Let him know that what he thinks and says is important to you.

Talk with your child about how to avoid sexual abuse. Teach your child about privacy and teach that adults shouldn't ask her to keep secrets from you or show their private parts or ask to see your child's private parts. Tell your child she should say "no" and that she should tell you if anyone tries to harm her.

Limit TV or computer time so your child also has time for books and active play. Read storybooks with him daily. Take your child outside often to play.

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. Calling does not make you weak; it makes you a good parent.

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

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

Always watch your child closely when she is near the street. Children are not ready to ride bikes safely on streets or cross streets without an adult until they reach at least age 9. Your child is not old enough to always behave safely around vehicles.

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

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