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 _____

Bowel movements _____

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 _____

_____

Daily Screen Time _____

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 _____

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	
☐	☐	Vision (attempt formal) R _____	L _____

Untestable Referred: ☐ Yes ☐ No

Screened elsewhere _____

ANTICIPATORY GUIDANCE

Diet

☐ Family Meals

☐ Healthy Snacks

☐ Food Pyramid

Development

☐ Parent Involvement

☐ Chores at Home

☐ TV Limits/Content

☐ Library Card/Reading

Injury Prevention

☐ Car Seat/Seatbelts

☐ Bicycle Safety/Helmet

☐ Water/Swimming Safety

☐ Fire Safety

Health Habits

☐ Exercise/Outdoor Play

Medical Education

☐ Review Immunizations

☐ Handwashing

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