

**Well Child Care 7-8 yrs**

Name :

DOB:

Date:

Do you have any concerns today ?  No  Yes \_\_\_\_\_

Review of systems/symptoms	yes	no	Review of systems/symptoms	yes	no
Appetite good ?			<b>School</b> :Grade_____ . Special Education?		
Eats carbs, vegetables ,fruits, meat, fish ,fast foods, candy? (circle)			Social interaction normal ?		
Bowel movements ?			Performance normal?		
Urination normal ?			Behavior normal?		
Any sleep concerns?			Attention normal ?		
Any hearing problems?			Homework normal?		
Any Vision Problems?			Any school problems and/or bullying issues ?		
Any TB Exposure?			After school care ?		
Any lead poisoning risks?			<b>Home:</b> cooperation normal ?		
<b>Physical activity</b> : playtime (60 min/day)			Parent-child interaction normal ?		
Screen time (<2 hrs/day)			Sibling interaction normal?		
Immunizations up to date?			Oppositional behavior ?		
<b>Developmental Questions :</b>					
Counts by 2s and 5s			Know what day of the week it is ? ( not date or yr )		
Tie his shoes ?			Copy a $\diamond$ ?		
No evidence of sound substitution in speech? (eg, fr for thr)			Draw a man with 16 details ?		
Add and subtract 1 digit numbers (eg, 7+4 ,6+7, 6-4 )			Has friends		
Participate in after school activities?			Is getting chances to make own decisions ?		
<b>Safety/anticipatory guidance issues</b>					
Family violence & substance abuse? circle			Gun safety? <input type="checkbox"/> chose not to answer		
Exposed to passive smoking?			Using booster seat or seat belts?		
<b>Family history</b>					
High cholesterol ,Triglycerides			Obesity		
Diabetes			Early Heart disease ,Hypertension		

**Anticipatory guidance:**  discussed and /or handout given

**School :**  show interest in school  communicate with teacher  friends  bullying

**Development & Mental Health:**  Encourage independence  praise strengths  Be a positive role model  discuss expected body changes  anger management

**Nutrition & physical activity:**  Encourage proper nutrition & healthy weight  Eat meals as a family  60 min of exercise/day  Limit TV & screen time

**Oral health:**  Dentist visits 2x / yr  Brush twice a day  Floss teeth daily  Wear mouth guard during sports

**Safety**  Know child's friends  Home emergency plan  Safety rules with adults  Appropriate vehicle restraint  Helmets & pads  Supervise around water  Smoke-free environment  Sun exposure  Guns  Monitor computer use

**For Providers:** fasting lipid age 2-10 if any of above risk factors.

**Signature of parent/guardian:**

**Provider signature:**