



Name: _____ DOB: _____ Actual Age: _____

Language Spoken _____ Interpreter Name _____

Date: _____

4 - 5 YEARS

NURSING INTAKE

Height:	Weight:	BMI:	BMI%:	BP:	Temp.:	Pulse:	Resp.:
Allergies:				Growth Charts Completed: []			
Abuse: Witness or Victim:				Notes:			
Alternate health care provider:				MA Signature			

INTERVAL HISTORY

Diet:	Has WIC: Yes / No	Fatigue, nightmares, enuresis, wt. loss or gain:
Illnesses:		Stools:
Accidents:		Sleep Pattern:
Meds./Vits.:		Seeing dentist: Yes / No
		Family history: HTN, heart disease, high cholesterol, DM, asthma
		Exposure to tobacco smoke: TB Risk: Yes / No

GROWTH-DEVELOPMENT: Physical activity:

[] Hops on one foot	[] Plays with several children
[] Counts 4 pennies	[] Recognizes 3-4 colors
[] Copies a square	[] Knows opposites
[] Catches, throws a ball	[] Knows name, address, phone no.

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Teeth [] Grossly normal, no cavities
[] No abuse/neglect evident	Heart [] No murmurs, regular rhythm
Head [] Symmetrical	Lungs [] Breath sounds normal bilaterally
Eyes [] Conjunctivae, sclerae, pupils normal	Abdomen [] Soft, no masses, liver & spleen normal
[] Red reflexes present	Genitalia: Male [] Normal appearance, circ./uncirc.
[] Appears to see [] No strabismus	[] Testes in scrotum
Ears [] Canals clear, TMs normal	Female [] No lesions, nl external appearances
[] Appears to hear	Hips [] Good abduction
Nose [] Passages patent	Femoral pulses [] Present and equal
Mouth & pharynx [] Normal color, no lesions, no cavities	Extremities [] No deformities, full ROM
Neck [] Supple, no masses palpated	Skin [] Clear, no significant lesions
	Neurologic [] Alert, moves extremities well

ASSESSMENT:

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PLAN:

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ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheet given

[] DTAP	[] UA at 5 years	[] MCV4 (high risk)
[] IPV	[] Vision screening Yearly	[] PPD
[] Hep B (if not previously done)	[] Audiometry at 4 and 5 years	
[] MMR	[] Lead Blood Test (if not in chart)	
[] Varicella (second dose)	[] WIC Referral given	
[] Hep A (if not previously done)	[] Dental Referral given	
[] HCT (if high risk)	[] Rx for fluoride drops/chewable tabs .50/1.0 QD till age 14	
[] Influenza vaccine (check recommendations)	[] Immunization Registry entry	
[] Fluoride varnish application	[] Lipid Profile (if high risk)	

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Regular balanced meals with snacks, caloric balance, sweets, Fe, Na, meal socialization, school lunch program
 Injury & Violence prevention: Street dangers, knives, falls, drowning, caution with strangers, smoke detector, hot water temp.,
 Window guards, pool fence, bike helmet, poison center phone, storage of drugs, toxic chemicals, matches, and guns, burns, lead
 poisoning prevention Education on Fluoride varnish treatment. Guidance: Knows name, address, phone no., plays with other
 children, imitates adults, honest & simple answers regarding sex, dressing self, B&B problems, school plans, TV programs, play
 supervision, regular exercise, UV skin protection, dentist Q 1 yr, tooth care, parent smoking, strangers, school readiness, seat belt
 use, childcare plan, emergency care plan, physical activity, sun screen

[] Refer to appropriate agency.
 Next appointment [] 1 year or _____ Signature _____ Date _____