WELL CHILD ASSESSMENT – 9 TO 12 YEARS

AGE:	WEIGHT:	HEIGHT:	BP:	
TEMP:	PULSE	RESP.	HGB/HCT:	MA Signature:

Hearing 1000	2000	3000	4000	Vision	Urine			
L dB	dB	dB	dB	L R	Protein	Sugar	Blood	Other
R dB	dB	dB	dB	Both				

INTERVAL HISTORY

Diet:
Illness:
Problems:
Immunization Reaction:
Parental Concerns:

DEVELOPMENT ☐ NORMAL ☐ ABNORMAL

☐ School Progress ☐ Peer Relationship
☐ Grade _____ ☐ Hobbies
☐ Sports

PHYSICAL EXAMINATION PM 160 ☐Yes ☐No

	N	AB	ABNORMALITIES/COMMENTS
General Appearance			
Nutrition			
Skin			
Head, Neck & Nodes			
Eyes/ Eq Reflex			
ENT/Hearing			
Mouth/Dental			
Heart			
Abdomen			
Ext. Genitalia			
Back			
Extremities/Hips			
Neurological			
Fem. Pulses			

EDUCATION (Circle Items Discussed)

Nutrition: Nutrition vs. Junk Food, Read Labels, Exercise/Physical Activity
Tobacco: Health Effects, Avoid Chewing/Cigarette/Cigar Use
Safety: Seat Belt, Drowning, Helmet, Alcohol/Drugs/ Tobacco/Guns/Gangs
Parenting: Independence, Sex Education, Peer Pressure, Puberty
Dental: Preventive Dental Visits, Brushing, Flossing
☐ Growing Up Healthy Brochure given

TB RISK ASSESSMENT ☐No Risk ☐Risk

ASSESSMENT:

PPD Results _____ Date _____

PLAN

☐ Refer for Preventive Dental Care

☐ Td ☐ PPD

Next Visit:

TOBACCO ASSESSMENT

1. Patient is exposed to Passive (second-hand) Tobacco Smoke. ☐Yes ☐No
2. Tobacco Used by Patient. ☐Yes ☐No
3. Counseled about/Referred for Tobacco Use Prevention/Cessation. ☐Yes ☐No

Patient Name/ID Number:

Exam Date: _____

Provider Signature