

# NEWBORN VISIT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length \_\_\_\_\_ in. W/L \_\_\_\_\_ %tile Head circ. \_\_\_\_\_ cm Temp. \_\_\_\_\_ AX REC

B/P if indicated \_\_\_\_\_ / \_\_\_\_\_  
RA /\_ LA /\_ RL /\_ LL /\_

### NUTRITION

Breast \_\_\_\_\_ min. q. \_\_\_\_\_ hrs.

Formula \_\_\_\_\_ oz. q. \_\_\_\_\_ hrs.

Brand \_\_\_\_\_

With iron?  Yes  No

Water:  city  well  spring  bottled

Wet Diapers Per Day \_\_\_\_\_

Strong stream (if Male)?  Yes  No

Stools per day \_\_\_\_\_

WIC  Yes  No

### PROBLEMS

Constipation  Yes  No

Sleep  Yes  No

Spitting up  Yes  No

Excessive crying  Yes  No

Family History \_\_\_\_\_

Social History \_\_\_\_\_

### HEARING RISK ASSESSMENT

Responds to sounds  Yes  No

Newborn hearing screen:

Passed  Repeat scheduled \_\_\_\_\_

### VISION RISK ASSESSMENT

Looks at parent's face  Yes  No

Newborn Metabolic/Hemoglobinopathy  
Screening  Normal  Repeat  Pending

### Critical Congenital Heart Disease

Normal  Repeat  Pending

### Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

### Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

### DELIVERY HISTORY

Discharge Date \_\_\_\_\_

Hospital

Gestational Age \_\_\_\_\_

SVD or C/S

Membranes ruptured \_\_\_\_\_ hours

GBS: + -

Maternal labs \_\_\_\_\_

Baby blood type \_\_\_\_\_ Maternal blood type \_\_\_\_\_

HGB given: yes no

Birth weight \_\_\_\_\_

Discharge weight \_\_\_\_\_

Complications \_\_\_\_\_

### PHYSICAL EXAM

Undressed:  yes  no

General -----  nl  abnl

Head-----  nl  abnl

Fontanel -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Red reflex-----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth ----  nl  abnl

Lungs-----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses ---  nl  abnl

Umbilical Cord---  nl  abnl

Spine -----  nl  abnl

Extremities-----  nl  abnl

Hips -----  nl  abnl

Skin -----  nl  abnl

Neuro-----  nl  abnl

### Genitalia

Female-----  nl  abnl

Male -----  nl  abnl

Testes -----  nl  abnl

Circ. -----  nl  abnl

### SAFETY

Car seat, facing backwards

Smoke free environment

Smoke detectors in home

Hot water < 120 degrees

No bottle propping

Safe sleep/sleep on back

Crib safety, no blankets, 2-inch slats

Firm well fitting crib mattress

Never shake the baby

### HEALTH

If bottle fed ↑ feedings 26 – 32 oz per day

Sponge bathe

Cord, circumcision care

Bowel movements

Fever > 100.4

Discuss breastfeeding

No solids until 6 months

Discuss Well visit schedule

No Honey

### SOCIAL/BEHAVIORAL

Parent/Child interaction

Sleep

Cuddle, talk, rock

Support for mother

Who makes up family

### IMPRESSION

Well Newborn

Premature Infant

Jaundice

\_\_\_\_\_

\_\_\_\_\_

### PLAN/REFERRALS

Immunizations current?  Yes  No

Hep B #1 (if indicated)

V.I.S./Counseling

Influenza/Tdap for caregivers

Vitamin D if breastfed 400 IU/D

Lactation consult

RTC at 1 month \_\_\_\_\_

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

# 3 to 5 DAY VISIT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length \_\_\_\_\_ in. W/L \_\_\_\_\_ %tile Head circ. \_\_\_\_\_ cm Temp. \_\_\_\_\_ AX REC

B/P if indicated \_\_\_\_\_ / \_\_\_\_\_  
RA \_\_\_ LA \_\_\_ RL \_\_\_ LL \_\_\_

### NUTRITION

Breast \_\_\_\_\_ min. q. \_\_\_\_\_ hrs.

Formula \_\_\_\_\_ oz. q. \_\_\_\_\_ hrs.

Brand \_\_\_\_\_

With iron?  Yes  No

Water:  city  well  spring  bottled

Wet Diapers Per Day \_\_\_\_\_

Strong stream (if Male)?  Yes  No

Stools per day \_\_\_\_\_

WIC  Yes  No

### PROBLEMS

Constipation  Yes  No

Sleep  Yes  No

Spitting up  Yes  No

Excessive crying  Yes  No

Family History \_\_\_\_\_

Social History \_\_\_\_\_

### HEARING RISK ASSESSMENT

Responds to sounds  Yes  No

Newborn hearing screen:

Passed  Repeat scheduled \_\_\_\_\_

### VISION RISK ASSESSMENT

Looks at parent's face  Yes  No

Newborn Metabolic/Hemoglobinopathy  
Screening  Normal  Repeat  Pending

### Critical Congenital Heart Disease

Normal  Repeat  Pending

### Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

### Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

### DELIVERY HISTORY

Discharge Date \_\_\_\_\_

Hospital

Gestational Age \_\_\_\_\_

SVD or C/S

Membranes ruptured \_\_\_\_\_ hours

GBS: + -

Maternal labs \_\_\_\_\_

Baby blood type \_\_\_\_\_ Maternal blood type \_\_\_\_\_

HGB given: yes no

Birth weight \_\_\_\_\_

Discharge weight \_\_\_\_\_

Complications \_\_\_\_\_

### PHYSICAL EXAM

Undressed:  yes  no

General -----  nl  abnl

Head-----  nl  abnl

Fontanel -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Red reflex -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth ----  nl  abnl

Lungs-----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses ---  nl  abnl

Umbilical Cord---  nl  abnl

Spine -----  nl  abnl

Extremities-----  nl  abnl

Hips -----  nl  abnl

Skin -----  nl  abnl

Neuro-----  nl  abnl

### Genitalia

Female-----  nl  abnl

Male -----  nl  abnl

Testes -----  nl  abnl

Circ. -----  nl  abnl

### SAFETY

Car seat, facing backwards

Smoke free environment

Smoke detectors in home

Hot water < 120 degrees

No bottle propping

Safe sleep/sleep on back

Crib safety, no blankets, 2-inch slats

Firm well fitting crib mattress

Never shake the baby

### HEALTH

If bottle fed ↑ feedings 26 – 32 oz per day

Sponge bathe

Cord, circumcision care

Bowel movements

Fever > 100.4

Discuss breastfeeding

No solids until 6 months

Discuss Well visit schedule

No Honey

### SOCIAL/BEHAVIORAL

Parent/Child interaction

Sleep

Cuddle, talk, rock

Support for mother

Who makes up family

### IMPRESSION

Well Newborn

Premature Infant

Jaundice

\_\_\_\_\_

\_\_\_\_\_

### PLAN/REFERRALS

Immunizations current?  Yes  No

Hep B #1 (if indicated)

V.I.S./Counseling

Influenza/TdaP for caregivers

Vitamin D if breastfed 400 IU/D

Lactation consult

RTC at 1 month \_\_\_\_\_

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

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# ONE MONTH VISIT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length \_\_\_\_\_ in. W/L \_\_\_\_\_ %tile Head circ. \_\_\_\_\_ cm Temp. \_\_\_\_\_ AX REC

B/P if indicated \_\_\_\_\_ / \_\_\_\_\_

RA \_\_\_ LA \_\_\_ RL \_\_\_ LL \_\_\_

## NUTRITION

Breast \_\_\_\_\_ min. q. \_\_\_\_\_ hrs.

Formula \_\_\_\_\_ oz. q. \_\_\_\_\_ hrs.

Brand \_\_\_\_\_

With iron?  Yes  No

Water:  city  well  spring  bottled

WIC  Yes  No

## INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

Constipation  Yes  No

Sleep  Yes  No

Spitting up  Yes  No

Stuffy nose  Yes  No

Colic  Yes  No

## HEARING RISK ASSESSMENT

Responds to sounds  Yes  No

Newborn hearing screen:

Passed  Repeat scheduled \_\_\_\_\_

## VISION RISK ASSESSMENT

Looks at parent's face  Yes  No

Follows with eyes  Yes  No

**Newborn Metabolic/Hemoglobinopathy Screening**  Normal  Repeat  Pending

**TB RISK ASSESSMENT\*** — +

## Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

## Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

## Maternal Postpartum

**Depression Screen** — +

## PHYSICAL EXAM

Undressed:  yes  no

**General** -----  nl  abnl

**Head**-----  nl  abnl

**Fontanel** -----  nl  abnl

**Neck** -----  nl  abnl

**Eyes** -----  nl  abnl

**Red reflex** -----  nl  abnl

**Ears** -----  nl  abnl

**Nose** -----  nl  abnl

**Throat/Mouth** ----  nl  abnl

**Lungs**-----  nl  abnl

**Heart** -----  nl  abnl

**Abdomen** -----  nl  abnl

**Femoral Pulses** ---  nl  abnl

**Umbilical Cord**---  nl  abnl

**Spine** -----  nl  abnl

**Extremities**-----  nl  abnl

**Hips** -----  nl  abnl

**Skin** -----  nl  abnl

**Neuro**-----  nl  abnl

## Genitalia

**Female**-----  nl  abnl

**Male** -----  nl  abnl

**Testes** -----  nl  abnl

**Circ.** -----  nl  abnl

## SAFETY

Car seat, facing backwards

Smoke free environment

Smoke detectors in home

Hot water < 120 degrees

No bottle propping

Safe sleep/sleep on back

Crib safety: 2-inch slats, no objects in bed

Never shake the baby

## HEALTH

If bottle fed, 26 – 32 oz per day

If breast fed, nurses 8-10 times/day

Delay solids

Bowel movements

Strong urinary stream if male

Fever

No Honey

## SOCIAL/BEHAVIORAL

Temperment

Sleep

Talk to baby

Support for mother

## IMPRESSION

Well Newborn

Normal Growth

Normal Development

\_\_\_\_\_

\_\_\_\_\_

## PLAN/REFERRALS

Immunizations current?  Yes  No

Influenza/Tdap for caregivers

Hep B

V.I.S./Counseling

Vitamin D if breast fed 400 IU/D

One month Handout sheet

PPD if at risk

RTC at 2 months

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
M.D. / P.N.P. / DO / PA

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\* see separate form

# Two Month Visit

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length \_\_\_\_\_ in. W/L \_\_\_\_\_ %tile Head circ. \_\_\_\_\_ cm Temp. \_\_\_\_\_ AX REC

B/P if indicated \_\_\_\_\_ / \_\_\_\_\_  
RA /\_ LA /\_ RL /\_ LL /\_

## NUTRITION

Breast \_\_\_\_\_ min. q. \_\_\_\_\_ hrs.

Formula \_\_\_\_\_ oz. q. \_\_\_\_\_ hrs.

Brand \_\_\_\_\_

With iron?  Yes  No

Water:  city  well  spring  bottled

WIC  Yes  No

## INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

Constipation  Yes  No

Sleep  Yes  No

Spitting up  Yes  No

Stuffy nose  Yes  No

Colic  Yes  No

Diaper rash  Yes  No

## HEARING RISK ASSESSMENT

Responds to sounds  Yes  No

Smiles and laughs  Yes  No

Newborn hearing screen:

Passed  Repeat scheduled  Not done

## VISION RISK ASSESSMENT

Looks at parent's face  Yes  No

Follows with eyes  Yes  No

## Newborn Metabolic/Hemoglobinopathy Screening:

Normal  Repeat  Pending

## Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

## Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

## Maternal Postpartum

Depression Screen \_\_\_\_\_ — +

## PHYSICAL EXAM

Undressed:  yes  no

General -----  nl  abnl

Head-----  nl  abnl

Fontanel -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Red reflex -----  nl  abnl

Alignment -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth ----  nl  abnl

Lungs-----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses ---  nl  abnl

Spine -----  nl  abnl

Extremities-----  nl  abnl

Hips -----  nl  abnl

Skin -----  nl  abnl

Neuro-----  nl  abnl

## Genitalia

Female-----  nl  abnl

Male -----  nl  abnl

Testes -----  nl  abnl

## SAFETY

Car seat, facing backwards

Smoke free environment

Smoke detectors in home

Hot water < 120 degrees

No bottle propping

Safe sleep/sleep on back

Crib safety

Rolling over, prevent falls

## HEALTH

If bottle fed, 26 – 32 oz per day

If breast fed, nurses 8-10 times/day

Delay solids

Bowel movements

Strong urinary stream if male

Fever

No Honey

## SOCIAL/BEHAVIORAL

Temperment

Sleep

Talk to baby

Support for mother

## IMPRESSION

Well Newborn

Normal Growth

Normal Development

\_\_\_\_\_

\_\_\_\_\_

## PLAN/REFERRALS

Immunizations current?  Yes  No

Influenza/Tdap for caregivers

Hep B, Rotavirus, DTaP, Hib, PCV-13, IPV

V.I.S./Counseling

Acetaminophen \_\_\_\_\_ mg. q. 4-6 hrs.

Vitamin D if breast fed 400 IU/D

Two month Handout sheet

RTC at 4 months

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

# FOUR MONTH VISIT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length \_\_\_\_\_ in. W/L \_\_\_\_\_ %tile Head circ. \_\_\_\_\_ cm Temp. \_\_\_\_\_ AX REC

B/P if high risk: \_\_\_\_\_ / \_\_\_\_\_

## NUTRITION

Breast \_\_\_\_\_ min. q. \_\_\_\_\_ hrs.

Formula \_\_\_\_\_ oz. q. \_\_\_\_\_ hrs.

Brand \_\_\_\_\_

With iron?  Yes  No

Water:  city  well  spring  bottled

WIC  Yes  No

## ANEMIA RISK ASSESSMENT

Preterm \_\_\_\_\_ Low birth weight \_\_\_\_\_

Breast feeding \_\_\_\_\_ Low iron formula \_\_\_\_\_

## INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

Constipation  Yes  No

Sleep  Yes  No

Spitting up  Yes  No

Diaper rash  Yes  No

## SPEECH/HEARING RISK ASSESSMENT

Responds to sounds  Yes  No

Babbles and coos  Yes  No

## VISION RISK ASSESSMENT

Looks at parent's face  Yes  No

Follows with eyes  Yes  No

## Newborn Metabolic/Hemoglobinopathy

Screening  Normal  Repeat  Pending

## Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

## Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

## Maternal Postpartum

Depression Screen \_\_\_\_\_ +

## PHYSICAL EXAM

Undressed:  yes  no

General -----  nl  abnl

Head-----  nl  abnl

Fontanel -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Red reflex -----  nl  abnl

Alignment -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth ----  nl  abnl

Lungs-----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses ---  nl  abnl

Spine -----  nl  abnl

Extremities-----  nl  abnl

Hips -----  nl  abnl

Skin -----  nl  abnl

Neuro-----  nl  abnl

## Genitalia

Female-----  nl  abnl

Male -----  nl  abnl

Testes -----  nl  abnl

## SAFETY

Car seat, facing backwards

Smoke free environment

Smoke detectors in home

Hot water < 120 degrees

No bottle propping

Roll over, fall prevention

Bath safety

Safe sleep/sleep on back

No baby walkers

Child proof home

## HEALTH

If bottle fed, 26 – 32 oz per day

If breast fed, nurses 8-10 times/day

Introduce solids

Avoid honey

Teething

## SOCIAL/BEHAVIORAL

Temperment

Sleep, bedtime routine

Talk, read to baby

Family support

## IMPRESSION

Well Baby

Normal Growth

Normal Development

\_\_\_\_\_

\_\_\_\_\_

## PLAN/REFERRALS

Immunizations current?  Yes  No

Hep B, Rotavirus, DTaP, Hib, PCV-13, IPV

V.I.S./Counseling

Acetaminophen \_\_\_\_\_ mg. q. 4-6 hrs.

Vitamin D if breast fed 400 IU/D

Four month Handout sheet

RTC at 6 months

Iron supplement: 2 mg/kg/d if preterm

or low birth weight

1 mg/kg/d if low iron formula or breastfed

Hgb if at risk

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

# SIX MONTH VISIT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length \_\_\_\_\_ in. W/L \_\_\_\_\_ %tile Head circ. \_\_\_\_\_ cm Temp. \_\_\_\_\_ AX REC

B/P if high risk: \_\_\_\_\_ / \_\_\_\_\_

## NUTRITION

Breast \_\_\_\_\_ min. q. \_\_\_\_\_ hrs.

Formula \_\_\_\_\_ oz. q. \_\_\_\_\_ hrs.

Brand \_\_\_\_\_

With iron?  Yes  No

Cereal/baby food  Yes  No

Water:  city  well  spring  bottled

fluoridated

WIC  Yes  No

## INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

Constipation  Yes  No

Sleep  Yes  No

Diaper rash  Yes  No

## SPEECH/HEARING RISK ASSESSMENT

Responds to sounds  Yes  No

Jabbers and laughs  Yes  No

## VISION RISK ASSESSMENT

Looks at parent's face  Yes  No

Follows with eyes  Yes  No

**DENTAL RISK ASSESSMENT\*** — +

**TB RISK ASSESSMENT\*** — +

**LEAD RISK ASSESSMENT\*** — +

## Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

## Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

## PHYSICAL EXAM

Undressed:  yes  no

**General** -----  nl  abnl

**Head**-----  nl  abnl

**Fontanel** -----  nl  abnl

**Neck** -----  nl  abnl

**Eyes** -----  nl  abnl

**Red reflex** -----  nl  abnl

**Alignment** -----  nl  abnl

**Ears** -----  nl  abnl

**Nose** -----  nl  abnl

**Throat/Mouth** ----  nl  abnl

**Lungs**-----  nl  abnl

**Heart** -----  nl  abnl

**Abdomen** -----  nl  abnl

**Femoral Pulses** ---  nl  abnl

**Spine** -----  nl  abnl

**Extremities**-----  nl  abnl

**Hips** -----  nl  abnl

**Skin** -----  nl  abnl

**Neuro**-----  nl  abnl

## Genitalia

**Female**-----  nl  abnl

**Male** -----  nl  abnl

**Testes** -----  nl  abnl

## SAFETY

Car seat, facing backwards

Smoke free environment

Smoke detectors in home

Hot water < 120 degrees

Always supervise bath

Rolling over, fall prevention

Safe sleep/sleep on back

No baby walkers

Child proof home

Sunburn prevention

## HEALTH

Continue formula or breast milk

Introduce cereal, vegetables, fruits, meats

Introduce cup

Avoid honey

Teething/clean teeth

Physical activity

No bottle in bed or bottle propping

## SOCIAL/BEHAVIORAL

Temperament

Sleep, bedtime routine

Talk, read to baby

Family support

No TV/media

## IMPRESSION

Well Baby

Normal Growth

Normal Development

\_\_\_\_\_

\_\_\_\_\_

## PLAN/REFERRALS

Immunizations current?  Yes  No

Hep B, Rotavirus, DTaP, Hib, PCV-13, IPV

Influenza vaccine

V.I.S./Counseling

Ibuprofen \_\_\_\_\_ mg. q. 6-8 hours

Acetaminophen \_\_\_\_\_ mg. q. 4-6 hrs.

Vitamin D if breast fed 400 IU/D

Six month Handout sheet

Hgb if at risk

Lead level if at risk

RTC at 9 months

Poison Control

Refer to dental home if risk assessment +

Fluoride Varnish

Iron supplement: 2 mg/kg/d if preterm or low birth weight;

1 mg/kg/d if low iron formula or breastfed

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

\* see separate form

# NINE MONTH VISIT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length \_\_\_\_\_ in. W/L \_\_\_\_\_ %tile Head circ. \_\_\_\_\_ cm Temp. \_\_\_\_\_ AX REC

B/P if high risk: \_\_\_\_\_ / \_\_\_\_\_

## NUTRITION

Breast \_\_\_\_\_ min. q. \_\_\_\_\_ hrs.

Formula \_\_\_\_\_ oz. q. \_\_\_\_\_ hrs.

Brand \_\_\_\_\_

With iron?  Yes  No

Water:  city  well  spring  bottled  
 fluoridated

Baby food \_\_\_\_\_ servings per day

Table food  Yes  No

WIC  Yes  No

## INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

## SPEECH/HEARING RISK ASSESSMENT

Responds to sounds  Yes  No

Imitates speech  Yes  No

## VISION RISK ASSESSMENT

Notices small objects  Yes  No

DENTAL RISK ASSESSMENT\* — +

LEAD RISK ASSESSMENT\* — +

## Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

## Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

## Developmental Screening

Normal  Abnormal

## PHYSICAL EXAM

Undressed:  yes  no

General -----  nl  abnl

Head-----  nl  abnl

Fontanel -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Red reflex -----  nl  abnl

Alignment -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth ----  nl  abnl

Lungs-----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses ---  nl  abnl

Spine -----  nl  abnl

Extremities-----  nl  abnl

Hips -----  nl  abnl

Skin -----  nl  abnl

Neuro-----  nl  abnl

## Genitalia

Female-----  nl  abnl

Male -----  nl  abnl

Testes -----  nl  abnl

## SAFETY

Car seat, facing backwards

Smoke free environment

Smoke detectors in home

Hot water < 120 degrees

Always supervise bath

Fall prevention/gates

Poison Control number

Child proof home

Safe sleep/sleep on back

Sunburn prevention

## HEALTH

Continue formula or breast milk

Introduce table, finger food

Choking prevention

Introduce cup, weaning

Avoid honey

Physical activity

Teething/clean teeth

No bottle in bed or bottle propping

## SOCIAL/BEHAVIORAL

Exploring, set consistent limits

Sleep, bedtime routine

Talk, read to baby

Separation Anxiety

Family support

No TV/media

Day care

Yes  No

## IMPRESSION

Well Baby

Normal Growth

Normal Development

\_\_\_\_\_

\_\_\_\_\_

## PLAN/REFERRALS

Immunizations current?  Yes  No

Hep B, DTaP, Hib, PCV-13, IPV

Influenza vaccine

V.I.S./Counseling

Ibuprofen \_\_\_ mg. q. 6-8 hours

Acetaminophen \_\_\_\_\_ mg. q. 4-6 hrs.

Vitamin D if breast fed 400 IU/D

Dental referral (if at risk)

Fluoride Varnish

Lead level if at risk

Nine month Handout sheet

RTC at 12 months

Iron supplement: 2 mg/kg/d if preterm or low birth weight;  
1 mg/kg/d if low iron formula or breastfed

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

# 12 MONTH VISIT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length \_\_\_\_\_ in. W/L \_\_\_\_\_ %tile Head circ. \_\_\_\_\_ cm Temp. \_\_\_\_\_ AX REC

B/P if high risk: \_\_\_\_\_ / \_\_\_\_\_

### NUTRITION

Whole milk  Yes  No

Weaned from bottle  Yes  No

Appetite  good  variable  picky  
fruits \_\_\_\_\_

vegetables \_\_\_\_\_

meats \_\_\_\_\_

Water:  city  well  spring  bottled  
 fluoridated

WIC  Yes  No

### INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since  
the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

### SPEECH/HEARING RISK ASSESSMENT

Hears well  Yes  No

Says 2-4 words  Yes  No

### VISION RISK ASSESSMENT

Notices small objects  Yes  No

PHOTOREFRACTIVE SCREEN — +

DENTAL RISK ASSESSMENT\* — +

TB RISK ASSESSMENT\* — +

LEAD RISK ASSESSMENT\* — +

### Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

### Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

### PHYSICAL EXAM

Undressed:  yes  no

General -----  nl  abnl

Head -----  nl  abnl

Fontanel -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Red reflex -----  nl  abnl

Alignment -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth ----  nl  abnl

Lungs -----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses ---  nl  abnl

Spine -----  nl  abnl

Extremities -----  nl  abnl

Hips/Gait -----  nl  abnl

Skin -----  nl  abnl

Neuro -----  nl  abnl

### Genitalia

Female -----  nl  abnl

Male -----  nl  abnl

Testes -----  nl  abnl

### SAFETY

- Car Seat, facing backward
- Smoke detectors in home
- Hot water < 120 degrees
- Water safety, supervise bath
- Close supervision
- Child proof home
- Safe sleep/sleep on back
- Poison Control Number
- Sunburn prevention

### HEALTH

- Weaning
- Introduce whole milk from cup
- Limit juice, milk intake
- Changes in appetite
- Introduce table, finger foods
- Choking prevention
- Physical activity
- Teething/clean teeth

### SOCIAL/BEHAVIORAL

- Set consistent limits, discipline
- Praise good behavior
- Sleep, bedtime routine
- Talk, read to child
- Family
- No TV

### IMPRESSION

- Well Child
- Normal Growth
- Normal Development

\_\_\_\_\_

### PLAN/REFERRALS

- Immunizations current?  Yes  No
- Hep B, Hib, PCV-13, IPV, MMR, Varicella, Hep A
- Influenza vaccine
- V.I.S./Counseling
- Ibuprofen \_\_\_ mg. q. 6-8 hours
- Acetaminophen \_\_\_\_\_ mg. q. 4-6 hrs.
- Vitamin drops with iron
- Dental referral
- Fluoride Varnish
- PPD if at risk
- 12 month Handout sheet
- RTC at 15 months
- Parent declination of treatment \_\_\_\_\_
- Referrals \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### LAB TEST

Lead level \_\_\_\_\_

(Required by TennCare)

Hgb \_\_\_\_\_ M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

\* see separate form

# 15 MONTH VISIT



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length \_\_\_\_\_ in. W/L \_\_\_\_\_ %tile Head circ. \_\_\_\_\_ cm Temp. \_\_\_\_\_ AX REC

B/P if high risk \_\_\_\_\_ / \_\_\_\_\_

### NUTRITION

Whole milk  Yes  No

Weaned from bottle  Yes  No

Appetite  good  variable  picky  
fruits \_\_\_\_\_

vegetables \_\_\_\_\_

meats \_\_\_\_\_

Water:  city  well  spring  bottled  
 fluoridated

WIC  Yes  No

### INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since  
the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

### SPEECH/HEARING RISK ASSESSMENT

Hears well  Yes  No

Says 3-6 words  Yes  No

### VISION RISK ASSESSMENT

Notices small objects  Yes  No

### ANEMIA RISK ASSESSMENT\* — +

Preterm \_\_\_ Low birth weight \_\_\_ Breast  
feeding \_\_\_ Low iron formula \_\_\_

### LEAD RISK ASSESSMENT\* — +

### Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

### Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

### SAFETY

Car Seat, facing backward until age 2  
or > weight and height allowed by mfg

Smoke detectors in home

No smoking in home

Hot water < 120 degrees

Water safety, supervise bath

### PHYSICAL EXAM

Undressed:  yes  no

General -----  nl  abnl

Head-----  nl  abnl

Fontanel -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Red reflex -----  nl  abnl

Alignment -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth ----  nl  abnl

Lungs-----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses ---  nl  abnl

Spine -----  nl  abnl

Extremities-----  nl  abnl

Hips/Gait -----  nl  abnl

Skin -----  nl  abnl

Neuro-----  nl  abnl

### Genitalia

Female-----  nl  abnl

Male -----  nl  abnl

Testes -----  nl  abnl

### SAFETY (continued)

Close supervision

Child proof home

Poison Control Number

Sunburn prevention

### HEALTH

Weaning

Whole milk until age 2

Limit juice, milk intake

Picky appetites, self feeding

Offer variety of foods

Choking prevention

20-30% of calories from dietary fat

10% of calories from saturated fat

300 mg of cholesterol per day

d/c pacifier/bottle

Physical activity

Brushing teeth

### SOCIAL/BEHAVIORAL

Set consistent limits, discipline

Praise good behavior

Discourage hitting, biting and  
other aggressive behavior

Sleep, bedtime routine

Talk, read to child

Family

No TV

### IMPRESSION

Well Child

Normal Growth

Normal Development

\_\_\_\_\_

### PLAN/REFERRALS

Immunizations current?  Yes  No

Hep B, DTaP, Hib, PCV-13, IPV, MMR,  
Varicella, Hep A

Influenza vaccine

V.I.S./Counseling

Ibuprofen \_\_\_ mg. q. 6-8 hours

Acetaminophen \_\_\_\_\_ mg. q. 4-6 hrs.

Fluoride Varnish

Vitamin drops with iron

15 month Handout sheet

RTC at 18 months

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

### LAB TEST

Hgb \_\_\_\_\_

(If not done at 12 months)

Lead level \_\_\_\_\_

(If TennCare and not done at 12 months)

\_\_\_\_\_, M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

\* see separate form

# 18 MONTH VISIT



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length \_\_\_\_\_ in. W/L \_\_\_\_\_ %tile Head circ. \_\_\_\_\_ cm Temp. \_\_\_\_\_ AX REC

B/P if high risk \_\_\_\_\_ / \_\_\_\_\_

### NUTRITION

Whole milk  Yes  No

Weaned from bottle  Yes  No

Appetite  good  variable  picky

fruits \_\_\_\_\_

vegetables \_\_\_\_\_

meats \_\_\_\_\_

Water:  city  well  spring  bottled

fluoridated

WIC  Yes  No

### INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

### SPEECH/HEARING RISK ASSESSMENT

Hears well  Yes  No

Says 15-20 words  Yes  No

### VISION RISK ASSESSMENT

Notices small objects  Yes  No

DENTAL RISK ASSESSMENT\* — +

ANEMIA RISK ASSESSMENT — +

poverty \_\_\_ poor diet \_\_\_ chronic illness \_\_\_

LEAD RISK ASSESSMENT\* — +

### Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

### Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

### Developmental Screening\*

Normal  Abnormal

### Autism Screening\*

Normal  Abnormal

### SAFETY

Car Seat, facing backward until age 2 or > weight and height allowed by mfg

Smoke detectors in home

No smoking in home

Hot water < 120 degrees

### PHYSICAL EXAM

Undressed:  yes  no

General -----  nl  abnl

Head-----  nl  abnl

Neck-----  nl  abnl

Eyes-----  nl  abnl

Red reflex-----  nl  abnl

Alignment-----  nl  abnl

Ears-----  nl  abnl

Nose-----  nl  abnl

Throat/Mouth----  nl  abnl

Lungs-----  nl  abnl

Heart-----  nl  abnl

Abdomen-----  nl  abnl

Femoral Pulses---  nl  abnl

Spine-----  nl  abnl

Extremities-----  nl  abnl

Hips/Gait-----  nl  abnl

Skin-----  nl  abnl

Neuro-----  nl  abnl

### Genitalia

Female-----  nl  abnl

Male-----  nl  abnl

Testes-----  nl  abnl

### SAFETY (continued)

Water safety, supervise bath

Close supervision

Child proof home

Poison Control Number

Sunburn prevention

### HEALTH

Weaning

Whole milk until age 2

Limit juice, milk intake

Picky appetites, self feeding

Offer variety of foods

Choking prevention

20-30% of calories from dietary fat

10% of calories from saturated fat

300 mg of cholesterol per day

Physical activity

Brushing teeth

### SOCIAL/BEHAVIORAL

Set consistent limits, discipline

Praise good behavior

Time out, tantrums

Talk, read to child

Family

Imitative/parallel play

No TV

### IMPRESSION

Well Child

Normal Growth

Normal Development

\_\_\_\_\_

\_\_\_\_\_

### PLAN/REFERRALS

Immunizations current?  Yes  No

Hep B, MMR, Varicella, Hep A, DTaP,

Hib, PCV-13, IPV

Influenza vaccine

V.I.S./Counseling

Ibuprofen \_\_\_ mg. q. 6-8 hours

Acetaminophen \_\_\_\_\_ mg. q. 4-6 hrs

Vitamin drops with iron

Dental referral

Fluoride Varnish

Hgb if at risk

Lead level if at risk

18 month Handout sheet

RTC at 2 years

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

\* see separate form

# 24 MONTH VISIT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Height \_\_\_\_\_ in. BMI \_\_\_\_\_ %tile Head circ. \_\_\_\_\_ cm Temp. \_\_\_\_\_ AX Oral

B/P: \_\_\_\_\_ / \_\_\_\_\_  
(meaningful use or if indicated)

### NUTRITION

Weaned from bottle  Yes  No

Appetite  good  variable  picky

fruits \_\_\_\_\_

vegetables \_\_\_\_\_

meats \_\_\_\_\_

bread \_\_\_\_\_

Water:  city  well  spring  bottled  
 fluoridated

WIC  Yes  No

### INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since  
the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

### DYSLIPIDEMIA RISK ASSESSMENT

FH CVD heart disease <55 M  Yes  No

FH CVD heart disease <65 F  Yes  No

FH ↑ cholesterol  Yes  No

BP > 90% \_\_\_ DM \_\_\_ inactive \_\_\_

passive smoke \_\_\_ Chronic illness \_\_\_

BMI > 95% \_\_\_

### SPEECH/HEARING RISK ASSESSMENT

Hears well  Yes  No

2-3 word sentences  Yes  No

### VISION RISK ASSESSMENT

Sees distant objects well?  Yes  No

### PHOTOREFRACTIVE SCREEN

Developmental Surveillance  Yes  No

Concerns? \_\_\_\_\_

### Psychosocial/Behavioral Surveillance

Developmental Screening\*  Normal  Abnormal

Autism Screening\*  Normal  Abnormal

\_\_\_\_\_ M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PHYSICAL EXAM

Undressed:  yes  no

General -----  nl  abnl

Head-----  nl  abnl

Neck-----  nl  abnl

Eyes -----  nl  abnl

Red reflex -----  nl  abnl

Alignment -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth ----  nl  abnl

Lungs-----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses ---  nl  abnl

Spine -----  nl  abnl

Extremities-----  nl  abnl

Hips/Gait -----  nl  abnl

Skin -----  nl  abnl

Neuro-----  nl  abnl

### Genitalia

Female-----  nl  abnl

Male -----  nl  abnl

Testes -----  nl  abnl

### SAFETY

Car Seat, facing backward until age 2  
or > weight and height allowed by mfg

Use bike helmet

Smoke detectors in home

No smoking in home

Hot water < 120 degrees

Water safety, supervise bath

Child proof home, supervision

Poison Control Number

Firearm safety

Sunburn prevention

### HEALTH

Low fat milk from cup

Limit juice, milk intake

Picky appetites, self feeding

Choking prevention

20-30% of calories from dietary fat

10% of calories from saturated fat

300 mg of cholesterol per day

Physical activity

Brushing teeth

### SOCIAL/BEHAVIORAL

Set limits, time out

Praise good behavior

TV/Media < 2 hrs/day

Read to child

Toilet training

Sleep, bedtime routine

Family

### IMPRESSION

Well Child

Normal Growth

Normal Development

\_\_\_\_\_

\_\_\_\_\_

### PLAN/REFERRALS

Immunizations current?  Yes  No

Hep B, Hep A, DTaP, IPV

Influenza vaccine

V.I.S./Counseling

Ibuprofen \_\_\_ mg. q. 6-8 hours

Acetaminophen \_\_\_\_\_ mg. q. 4-6 hrs

Vitamin drops with iron

Dental referral

Fluoride Varnish

Hgb if at risk

Lead level if at risk

2 year Handout sheet

RTC at 2 1/2 years

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* see separate form

# 30 MONTH VISIT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Height \_\_\_\_\_ in. BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX Oral

B/P: \_\_\_\_\_ / \_\_\_\_\_

(meaningful use or if indicated)

### NUTRITION

Weaned from bottle  Yes  No

Appetite  good  variable  picky

fruits \_\_\_\_\_

vegetables \_\_\_\_\_

meats \_\_\_\_\_

bread \_\_\_\_\_

Water:  city  well  spring  bottled  
 fluoridated

WIC  Yes  No

### INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

### DYSLIPIDEMIA RISK ASSESSMENT — +

FH CVD heart disease <55 M  Yes  No

FH CVD heart disease <65 F  Yes  No

FH ↑ cholesterol  Yes  No

BP > 90% \_\_\_ DM \_\_\_ inactive \_\_\_

passive smoke \_\_\_ Chronic illness \_\_\_

BMI > 95% \_\_\_

### SPEECH/HEARING RISK ASSESSMENT

Hears well  Yes  No

2-3 word sentences  Yes  No

### VISION RISK ASSESSMENT

Sees distant objects well?  Yes  No

DENTAL RISK ASSESSMENT\* — +

ANEMIA RISK ASSESSMENT\* — +

Poverty \_\_\_ Poor Diet \_\_\_

Chronic Illness \_\_\_

### Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

### Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

### Developmental Screening\*

Normal  Abnormal

### SAFETY

car seat in back forward facing

Use bike helmet

Smoke detectors in home

No smoking in home

Hot water < 120 degrees

\* see separate form

### PHYSICAL EXAM

Undressed:  yes  no

General -----  nl  abnl

Head -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Red reflex -----  nl  abnl

Alignment -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth ----  nl  abnl

Lungs -----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses ---  nl  abnl

Spine -----  nl  abnl

Extremities -----  nl  abnl

Hips/Gait -----  nl  abnl

Skin -----  nl  abnl

Neuro -----  nl  abnl

### Genitalia

Female -----  nl  abnl

Male -----  nl  abnl

Testes -----  nl  abnl

### SAFETY (continued)

- Water safety, supervise bath
- Child proof home, supervision
- Poison Control Number
- Firearm safety
- Sunburn prevention

### HEALTH

- Low fat milk from cup
- Limit juice, milk intake
- Picky appetites, self feeding
- Choking prevention
- 20-30% of calories from dietary fat
- 10% of calories from saturated fat
- 300 mg of cholesterol per day
- Physical activity
- Brushing teeth

### SOCIAL/BEHAVIORAL

- Set limits, time out
- Praise good behavior
- TV/Media - < 2 hrs/day
- Read to child
- Toilet training
- Sleep, bedtime routine
- Family
- Day care, pre-school  Yes  No

### IMPRESSION

- Well Child
- Normal Growth
- Normal Development
- \_\_\_\_\_
- \_\_\_\_\_

### PLAN/REFERRALS

- Immunizations current?  Yes  No
  - Hep A
  - Influenza vaccine
  - V.I.S./Counseling
  - Vitamin drops with iron
  - Dental referral
  - Fluoride Varnish
  - Hgb if at risk
  - 2 1/2 year Handout sheet
  - RTC at 3 years
  - Parent declination of treatment \_\_\_\_\_
  - Referrals \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- \_\_\_\_\_ M.D. / P.N.P. / DO / PA
- PROV# \_\_\_\_\_
- See back for additional documentation

# 3 YEAR VISIT



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Height \_\_\_\_\_ in. BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX Oral

B/P: \_\_\_\_\_ / \_\_\_\_\_

### NUTRITION

Low fat milk, cup only  Yes  No

Appetite  good  variable  picky

fruits \_\_\_\_\_

vegetables \_\_\_\_\_

meats \_\_\_\_\_

bread \_\_\_\_\_

Water:  city  well  spring  bottled

fluoridated

WIC  Yes  No

### INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

### DYSLIPIDEMIA RISK ASSESSMENT — +

FH CVD heart disease <55 M  Yes  No

FH CVD heart disease <65 F  Yes  No

FH ↑cholesterol  Yes  No

BP > 90% \_\_\_ DM \_\_\_ inactive \_\_\_

passive smoke \_\_\_ Chronic illness \_\_\_

BMI > 95% \_\_\_

### SPEECH/HEARING RISK ASSESSMENT

Hears well  Yes  No

Talks well  Yes  No

Easy to understand?  Yes  No

### VISION

Vision screening test:

L near 20/ \_\_\_\_\_ far 20/ \_\_\_\_\_

R near 20/ \_\_\_\_\_ far 20/ \_\_\_\_\_

### PHOTOREFRACTIVE SCREEN — +

### ANEMIA RISK ASSESSMENT\* — +

poverty \_\_\_ poor diet \_\_\_ chronic illness \_\_\_

### LEAD RISK ASSESSMENT\* — +

### DENTAL RISK ASSESSMENT — +

### TB RISK ASSESSMENT\* — +

### Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

### Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

### PHYSICAL EXAM

Undressed:  yes  no

General -----  nl  abnl

Head-----  nl  abnl

Neck-----  nl  abnl

Eyes -----  nl  abnl

Red reflex-----  nl  abnl

Alignment -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth ----  nl  abnl

Lungs-----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses ---  nl  abnl

Spine -----  nl  abnl

Extremities-----  nl  abnl

Hips/Gait -----  nl  abnl

Skin -----  nl  abnl

Neuro-----  nl  abnl

### Genitalia

Female-----  nl  abnl

Male -----  nl  abnl

Testes -----  nl  abnl

### SAFETY

Car seat in back forward facing

Bike helmet

Smoke detectors in home

No smoking in home

Water safety, supervise bath

Outdoor safety, supervision

Poison Control Number

Firearm safety

Sunburn prevention

### HEALTH

Low fat milk from cup

Limit juice, milk intake

Picky appetites, self feeding

Low fat foods, healthy snacks

Brush teeth, see dentist

Encourage Active Play

20-30% of calories from dietary fat

10% of calories from saturated fat

300 mg of cholesterol per day

### SOCIAL/BEHAVIORAL

Discipline, time out

Praise good behavior

TV limits

Read to child

Self help skills

Toilet training

Family

### SAFETY (continued)

Friends and playmates

Curiosity about sex

Day care, pre-school  Yes  No

### IMPRESSION

Well Child

Normal Growth

Normal Development

\_\_\_\_\_

\_\_\_\_\_

### PLAN/REFERRALS

Immunizations current?  Yes  No

Influenza vaccine

V.I.S./Counseling

Chewable vitamins with iron

Cholesterol –Fasting Lipid Profile

(if at risk) \_\_\_\_\_

Dental referral

Fluoride Varnish

Hgb if at risk

Lead level if at risk

PPD if at risk

3 year Handout sheet

RTC at 4 years

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

\* see separate form

# 4 YEAR VISIT



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Height \_\_\_\_\_ in. BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX Oral

B/P: \_\_\_\_\_ / \_\_\_\_\_

### NUTRITION

Appetite  good  variable  picky  
Water:  city  well  spring  bottled  
 fluoridated

WIC  Yes  No

### INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

### DYSLIPIDEMIA RISK ASSESSMENT — +

FH CVD heart disease <55 M  Yes  No

FH CVD heart disease <65 F  Yes  No

FH ↑ cholesterol  Yes  No

BP > 90% \_\_\_\_\_ DM \_\_\_\_\_ inactive \_\_\_\_\_

passive smoke \_\_\_\_\_ Chronic illness \_\_\_\_\_

BMI > 95% \_\_\_\_\_

### SPEECH/HEARING RISK ASSESSMENT

Hearing screening test

Pass  Abnormal  Unable to test

### VISION

Vision screening test:

L near 20/ \_\_\_\_\_ far 20/ \_\_\_\_\_

R near 20/ \_\_\_\_\_ far 20/ \_\_\_\_\_

PHOTOREFRACTIVE SCREEN — +

ANEMIA RISK ASSESSMENT — +

poverty \_\_\_\_\_ poor diet \_\_\_\_\_ chronic illness \_\_\_\_\_

LEAD RISK ASSESSMENT\* — +

TB RISK ASSESSMENT\* — +

### Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

### Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

### SAFETY

Booster seat – rear seat – 4-8 years or <4'9" tall

Never put child in front seat if you have air bags

Bike helmet

### PHYSICAL EXAM

Undressed:  yes  no

General -----  nl  abnl

Head -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Red reflex -----  nl  abnl

Alignment -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth ----  nl  abnl

Lungs -----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses ---  nl  abnl

Spine -----  nl  abnl

Extremities -----  nl  abnl

Hips/Gait -----  nl  abnl

Skin -----  nl  abnl

Neuro -----  nl  abnl

### Genitalia

Female -----  nl  abnl

Male -----  nl  abnl

Testes -----  nl  abnl

### SAFETY (continued)

Smoke detectors in home

No smoking in home

Water safety, swimming lessons

Outdoor safety, supervision

Firearm safety

Sunburn prevention

### HEALTH

Low fat milk

Limit Juice

Encourage fruits and vegetables

Brush teeth, see dentist

Encourage active play

< 20-30% of calories from dietary fat

< 10% of calories from saturated fat

< 300 mg of cholesterol per day

### SOCIAL/BEHAVIORAL

Discipline, time out

Praise good behavior

Read to child

TV/Media – limit <2 hrs/day, monitor content

Dresses self, helps at home

Family

Friends and playmates

Curiosity about sex

Day care, pre-school  Yes  No

### IMPRESSION

Well Child

Normal Growth

Normal Development

\_\_\_\_\_

\_\_\_\_\_

### PLAN/REFERRALS

Immunizations current?  Yes  No

DTaP, IPV (4th dose on/after 4th bday), MMR, Varicella, Hep A

Influenza vaccine

V.I.S./Counseling

Chewable vitamins with iron

Cholesterol –Fasting Lipid Profile (if at risk) \_\_\_\_\_

Dental referral

Fluoride Varnish

Hgb if at risk

Lead level if at risk

PPD if at risk

4 year Handout sheet

RTC at 5 years

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

\* see separate form

# 5 YEAR VISIT/KINDERGARTEN CHECK-UP

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Height \_\_\_\_\_ in. BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX Oral

B/P: \_\_\_\_\_ / \_\_\_\_\_

### NUTRITION

Appetite  good  variable  picky  
Water:  city  well  spring  bottled  
 fluoridated  
WIC  Yes  No

### INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No  
Change in social history?  Yes  No  
If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since the last visit?  
 Yes  No  
If Yes, what? \_\_\_\_\_

### SPEECH/HEARING RISK ASSESSMENT

Hearing screening test  
 Pass  Abnormal  Unable to test

### VISION

Vision screening test:  
L near 20/ \_\_\_\_\_ far 20/ \_\_\_\_\_  
R near 20/ \_\_\_\_\_ far 20/ \_\_\_\_\_

PHOTOREFRACTIVE SCREEN — +

### ANEMIA RISK ASSESSMENT — +

poverty \_\_\_ poor diet \_\_\_ chronic illness \_\_\_\_\_

### LEAD RISK ASSESSMENT\* — +

### TB RISK ASSESSMENT\* — +

### Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

### Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

### PHYSICAL EXAM

Undressed:  yes  no

- General -----  nl  abnl
- Head-----  nl  abnl
- Neck-----  nl  abnl
- Eyes -----  nl  abnl
- Red reflex-----  nl  abnl
- Alignment -----  nl  abnl
- Ears -----  nl  abnl
- Nose -----  nl  abnl
- Throat/Mouth ----  nl  abnl
- Lungs-----  nl  abnl
- Heart -----  nl  abnl
- Abdomen -----  nl  abnl
- Femoral Pulses ---  nl  abnl
- Spine -----  nl  abnl
- Extremities-----  nl  abnl
- Hips/Gait -----  nl  abnl
- Skin -----  nl  abnl
- Neuro-----  nl  abnl
- Genitalia
- Female-----  nl  abnl
- Male -----  nl  abnl
- Testes -----  nl  abnl

### SAFETY

- Booster seat – rear seat – 4-8 years or < 4'9" tall
- Bike helmet, street safety
- Smoke detectors in home
- No smoking in home
- Water safety, swimming lessons
- Outdoor safety, supervision
- Firearm safety
- Sunburn prevention

### HEALTH

- Low fat milk
- Encourage fruits and vegetables
- Brush teeth, see dentist
- Encourage active play
- < 20-30% of calories from dietary fat
- < 10% of calories from saturated fat
- < 300 mg of cholesterol per day

### SOCIAL/BEHAVIORAL

- Give choices
- Encourage independence
- Praise good behavior
- TV limits, read to child
- Help child handle angry feelings and resolve conflicts with others
- Family relationships
- Friends and playmates
- Questions about sex
- Pre-school, school readiness

### IMPRESSION

- Well Child
- Normal Growth
- Normal Development
- \_\_\_\_\_
- \_\_\_\_\_

### PLAN/REFERRALS

- Immunizations current?  Yes  No
- DTaP, IPV (4th dose on/after 4th bday), MMR, \*Varicella (2 doses or hx of dz), Hep A
- Influenza vaccine
- V.I.S./Counseling
- Chewable vitamins with iron
- If BMI >85%, follow-up plan
- Cholesterol –Fasting Lipid Profile (if at risk) \_\_\_\_\_
- Dental referral
- Fluoride Varnish
- Hgb if at risk
- Lead level if at risk
- PPD if at risk
- 5 year Handout sheet
- RTC at \_\_\_\_\_ years
- Parent declination of treatment \_\_\_\_\_
- Referrals \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

\* Required for Kindergarten entry

\* see separate form

# 6 to 10 YEAR VISIT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Height \_\_\_\_\_ in. BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX Oral

B/P: \_\_\_\_\_ / \_\_\_\_\_

### NUTRITION

Low fat milk?  Yes  No

Variety of fruits, vegetables?  Yes  No

Eats breakfast?  Yes  No

Eats supper with family?  Yes  No

### INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

### DYSLIPIDEMIA RISK ASSESSMENT — +

FH CVD heart disease <55 M  Yes  No

FH CVD heart disease <65 F  Yes  No

FH ↑cholesterol  Yes  No

BP > 90% \_\_\_ DM \_\_\_ inactive \_\_\_

passive smoke \_\_\_ Chronic illness \_\_\_

BMI > 95% \_\_\_

### DYSLIPIDEMIA SCREEN \_\_\_\_\_

(Once between 9-11 years)

### HEARING RISK ASSESSMENT (7 AND 9 YRS) — +

#### HEARING SCREEN (6, 8, 10 YRS)

Normal  Abnormal

Date: \_\_\_\_\_

### VISION RISK ASSESSMENT (7 AND 9 YRS) — +

#### VISION SCREEN (6, 8, 10 YRS)

L near 20/ \_\_\_\_\_ far 20/ \_\_\_\_\_

R near 20/ \_\_\_\_\_ far 20/ \_\_\_\_\_

Wears glasses, sees eye specialist

### ANEMIA RISK ASSESSMENT — +

poverty \_\_\_ poor diet \_\_\_ chronic illness \_\_\_

### DENTAL RISK ASSESSMENT (AGE 6 YEARS) — +

### LEAD RISK ASSESSMENT\* — +

(through age 6)

### TB RISK ASSESSMENT\* — +

### Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

### Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

Normal  Abnormal

School Grade \_\_\_\_\_

Problems?  Yes  No

If Yes, what? \_\_\_\_\_

### PHYSICAL EXAM Undressed: yes no

General -----  nl  abnl

Head -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth/Teeth --  nl  abnl

#### Chest

Breasts/Tanner Stage--  nl  abnl

Lungs-----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses -----  nl  abnl

Spine -----  nl  abnl

Extremities-----  nl  abnl

Hips/Gait -----  nl  abnl

Skin -----  nl  abnl

Neuro-----  nl  abnl

#### Genitalia/Tanner Stage

Female  Male

### SAFETY

Buckle up! Ride in back seat

Booster seat – rear seat – 4-8 years or < 4'9" tall  
OR seat belt – rear seat over 8 years or > 4'9" tall

Bike helmet, street safety

Smoke detectors in home

No smoking in home

Water safety, swimming lessons

Firearm safety

Sunburn prevention

### HEALTH

Low fat milk and snacks

Encourage fruits and vegetables

Brush teeth, see dentist

Adequate sleep

Encourage sports, active play

Sports form completed

< 20-30% of calories from dietary fat

< 10% of calories from saturated fat

< 300 mg of cholesterol per day

### SOCIAL/BEHAVIORAL

School adjustment, performance

Sports and hobbies

Limit TV, computer games <2 hrs/day

Give choices

Encourage independence

Set limits, provide consequences

Parent supervises peer activities

Privacy, personal hygiene

Puberty changes and questions about sex

Family relationships

Friends and School

Social media, safety settings

Dealing with strangers

### IMPRESSION

Well Child

Normal Growth

Normal Development

\_\_\_\_\_

\_\_\_\_\_

### PLAN/REFERRALS

Immunizations current?  Yes  No

DTaP/Td/Tdap, IPV (4th dose on/after 4th bday), MMR, \*Varicella (2 doses or hx of dz), HPV

Influenza vaccine

V.I.S./Counseling

Cholesterol –Fasting Lipid Profile

(if at risk 2-8 yrs) \_\_\_\_\_

Cholesterol - Non-fasting Lipid Profile or Fasting Lipid Profile (once between 9 and 11 years)

\_\_\_\_\_

Lead level if at risk

PPD if at risk

Dental referral at age 6

Hgb (if + menarche or high risk every year) \_\_\_\_\_

If BMI >85%, follow-up plan

RTC at \_\_\_\_\_ years

Handouts

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ M.D. / P.N.P. / DO / PA

### PROV# \_\_\_\_\_

See back for additional documentation

\* Required for Kindergarten entry

\* see separate form

# 11 to 15 YEAR VISIT



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Height \_\_\_\_\_ in. BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX Oral

B/P: \_\_\_\_\_ / \_\_\_\_\_

### NUTRITION

Low fat milk?  Yes  No

Variety of fruits, vegetables?  Yes  No

Eats breakfast?  Yes  No

Eats supper with family?  Yes  No

### INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

Change in social history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

### DYSLIPIDEMIA RISK ASSESSMENT — +

FH CVD heart disease <55 M  Yes  No

FH CVD heart disease <65 F  Yes  No

FH ↑ cholesterol  Yes  No

BP > 90% \_\_\_ DM \_\_\_ inactive \_\_\_

passive smoke \_\_\_ Chronic illness \_\_\_

BMI > 95% \_\_\_

### DYSLIPIDEMIA SCREEN \_\_\_\_\_

(Once between 9-11 years)

### HEARING RISK ASSESSMENT (11 - 15 years) — +

### VISION RISK ASSESSMENT (11, 13 and 14 years) — +

### VISION SCREEN (12 and 15 years)

L near 20/ \_\_\_\_\_ far 20/ \_\_\_\_\_

R near 20/ \_\_\_\_\_ far 20/ \_\_\_\_\_

Wears glasses, sees eye specialist

### ANEMIA RISK ASSESSMENT — +

poverty \_\_\_ poor diet \_\_\_ chronic illness \_\_\_

menorrhagia \_\_\_

### ALCOHOL/DRUG SCREEN (11-21 YEARS) — +

### TB RISK ASSESSMENT — +

### STI/HIV RISK ASSESSMENT (11-21 YEARS)

Hx of sexual activity — +

Hx of IV drug use — +

### DEPRESSION SCREENING\* (11-21 YEARS)

Normal  Abnormal

### Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

### Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

School Grade \_\_\_\_\_

Problems?  Yes  No

If Yes, what? \_\_\_\_\_

\* see separate form

## PHYSICAL EXAM Undressed: yes no

General -----  nl  abnl

Head -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth/Teeth --  nl  abnl

### Chest

Breasts/Tanner Stage--  nl  abnl

Lungs-----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses -----  nl  abnl

Extremities -----  nl  abnl

### Genitalia/Tanner Stage

Female  Male

## MUSCULOSKELETAL EXAM

Shoulder/arm-----  nl  abnl

Elbow/forearm-----  nl  abnl

Wrist/hand/fingers ----  nl  abnl

Hips/thigh -----  nl  abnl

Knee -----  nl  abnl

Leg/ankle -----  nl  abnl

Foot/toes -----  nl  abnl

### SAFETY

Buckle up!

Bike helmet, street safety

Smoke detectors in home

No smoking in home

Swimming, water safety

Firearm safety

Sunburn prevention

### HEALTH

Low fat milk and snacks

Healthy food choices, Ca intake

Brush teeth, see dentist

< 20-30% of calories from dietary fat

< 10% of calories from saturated fat

< 300 mg of cholesterol per day

Adequate sleep

Acne

Encourage sports, active play

Sports form attached  Yes  No

### SOCIAL/BEHAVIORAL

School adjustment, performance

Sports and hobbies

Limit TV, computer games

Give choices

Encourage independence

Set limits, provide consequences

Managing stress, anger

Say no to alcohol, drugs, tobacco

Puberty changes and questions about sex

Periods (girls) LMP \_\_\_\_\_

Family relationships

Friends, boy/girl friends

Abstinence, birth control

### SOCIAL/BEHAVIORAL (continued)

Social Media

Sleep hygiene

+ eating disorder screen

### IMPRESSION

Well Child/Adolescent

Normal Growth

Normal Development

\_\_\_\_\_

\_\_\_\_\_

### PLAN/REFERRALS

Immunizations current?  Yes  No

\*Tdap, MCV4, \*Varicella (2 doses or hx

or dz), Hep B, HPV

Influenza vaccine

V.I.S./Counseling

RTC at \_\_\_\_\_ years

Handouts

Cholesterol - Non-fasting Lipid Profile or Fasting Lipid Profile (once between 9 and 11 years)

Cholesterol - Fasting Lipid Profile (12-16 years) only if new risk factors in self or family

Hgb (if + menarche or high risk every year) \_\_\_\_\_

PPD if at risk

STD screening

Begin transition plan

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ M.D. / P.N.P. / DO / PA

### PROV# \_\_\_\_\_

See back for additional documentation

\* Required for 7th Grade entry

# 16 to 20 YEAR VISIT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date \_\_\_\_\_

Tennessee Chapter

Form revised 06/16

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Height \_\_\_\_\_ in. BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX Oral

B/P: \_\_\_\_\_ / \_\_\_\_\_

### NUTRITION

- Low fat milk?  Yes  No
- Variety of fruits, vegetables?  Yes  No
- Eats breakfast?  Yes  No
- Eats supper with family?  Yes  No

### INTERVAL HISTORY/NEW PROBLEMS

- Change in family history?  Yes  No
- Change in social history?  Yes  No
- If Yes, what? \_\_\_\_\_

- Are there new problems or illnesses since the last visit?  Yes  No
- If Yes, what? \_\_\_\_\_

### DYSLIPIDEMIA RISK ASSESSMENT — +

FH CVD heart disease <55 M \_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

FH CVD heart disease <65 F \_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

FH cholesterol  Yes  No

BP > 90% \_\_\_\_\_ DM \_\_\_\_\_ inactive \_\_\_\_\_

passive smoke \_\_\_\_\_ Chronic illness \_\_\_\_\_

BMI > 95% \_\_\_\_\_

### DYSLIPIDEMIA SCREEN \_\_\_\_\_

(Once between 18-21 years)

HEARING RISK ASSESSMENT (16 - 21 years) — +

VISION RISK ASSESSMENT (16 - 21 years) — +

Wears glasses, sees eye specialist

ANEMIA RISK ASSESSMENT\* — +

poverty \_\_\_\_\_ poor diet \_\_\_\_\_ chronic illness \_\_\_\_\_

menorrhagia \_\_\_\_\_

ALCOHOL/DRUG USE \_\_\_\_\_ +

ASSESSMENT\* (11-21 years)

Etho, drug or substance to get high — +

TB RISK ASSESSMENT \_\_\_\_\_ +

STI/HIV RISK ASSESSMENT (11-21 YEARS)

Hx of sexual activity \_\_\_\_\_ +

Hx of IV drug use \_\_\_\_\_ +

HIV SCREEN \_\_\_\_\_

(Once between 16-18 years)

DEPRESSION SCREENING\* (11-21 YEARS)

Normal  Abnormal

Developmental Surveillance

Yes  No Concerns? \_\_\_\_\_

Psychosocial/Behavioral Surveillance

Yes  No Concerns? \_\_\_\_\_

School Grade \_\_\_\_\_

Problems?  Yes  No

If Yes, what? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PHYSICAL EXAM Undressed: yes no

General -----  nl  abnl

Head -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth/Teeth --  nl  abnl

Chest

Breasts/Tanner Stage--  nl  abnl

Lungs-----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses -----  nl  abnl

Extremities -----  nl  abnl

Genitalia/Tanner Stage

Female  Male

### MUSCULOSKELETAL EXAM

Shoulder/arm-----  nl  abnl

Elbow/forearm-----  nl  abnl

Wrist/hand/fingers ----  nl  abnl

Hips/thigh -----  nl  abnl

Knee -----  nl  abnl

Leg/ankle -----  nl  abnl

Foot/toes -----  nl  abnl

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\_\_\_\_\_

### SOCIAL/BEHAVIORAL (continued)

Social Media

Sleep hygiene

Eating disorder screen — +

IMPRESSION

Well Adolescent

Normal Growth

Normal Development

\_\_\_\_\_

\_\_\_\_\_

PLAN/REFERRALS

Immunizations current?  Yes  No

Tdap, MCV4 Booster, Varicella, HPV, Hep B

Influenza vaccine

V.I.S./Counseling

RTC at \_\_\_\_\_ years

Handouts

Cholesterol – Non-fasting Lipid Profile if

at risk 16-17 years. Non-Fasting Lipid

Profile once between 18-21 years

Hgb (if + menarche or high risk every

year) \_\_\_\_\_

Pap - 21 years

STD screening

HIV Screen (once between 16 and 18)

PPD if at risk

Review transition plan

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

\* see separate form