Newborn Visit

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

Date_____ Tennessee Chapter

Name			Birth Date			Age			
Historian		Allergies		Medica	ations				
Weightlbs	OZ.	Length_	in. W/L	%tile	Head ci	irccm	Temp	AX REC	
B/P if indicated			PHYSICAL EXAM	Undres	ssed: 🖵 ye	es 🖵 no			
RA _/_ LA _/_ RL _/_ I	L _/_		General 🖵 nl	ם abn	ıl				
NUTRITION		1	Head □ nl	ם abn	ıl				
☐ Breastmir	_		Fontanel □ nl	🖵 abn					
☐ Formulaoz. Brand		nrs.	Neck 🗀 nl	abn					
BrandWith iron?	☐ Yes		Eyes nl	abn					
Water: □ city □ well □			Red reflex □ nl Ears □ nl	abn					
Wet Diapers Per Day		bottled	Nose	□ abn					
Strong stream (if Male)?		□ No	Throat/Mouth I nl	abn					
Stools per day			Lungs In	abn					
WIC To James WIC		□ No	Heart In	□ abn					
PROBLEMS			Abdomen 🖵 nl	□ abn					
Constipation	☐ Yes	□ No	Femoral Pulses 🖵 nl	□ abn	ıl				
Sleep		□ No	Umbilical Cord unl	🖵 abn	ıl				
Spitting up		□ No	Spine □ nl	🖵 abn	ıl				
Excessive crying		□ No	Extremities 🖵 nl	🖵 abn	ıl				
			Hips □ nl	🖵 abn					
			Skin 🖵 nl	abn					
			Neuro nl	🖵 abn	ıl				
Family History			Genitalia	D .1	1				
Social History			Female □ nl Male □ nl	□ abn					
HEARING RISK ASSESSME			Testes	abn					
Responds to sounds	☐ Yes	□ No		□ abn					
Newborn hearing screen:			Circ.	- aon					
☐ Passed ☐ Repeat scho			Safety			IMPRESSION			
VISION RISK ASSESSMENT			Car seat, facing backwar			☐ Well Newbo	orn		
Looks at parent's face	☐ Yes		☐ Smoke free environment			☐ Premature I	nfant		
Newborn Metabolic/He	_	pauly	☐ Smoke detectors in hom			Jaundice			
Screening ☐ Normal ☐	Repeat 🖵		Hot water < 120 degreesNo bottle propping	•		<u> </u>			
Critical Congenital Hear	rt Disease		No bottle proppingSafe sleep/sleep on back						
□ Normal □ Repeat □	Pending		Crib safety, no blankets,		lats	PLAN/REFERRA	16		
Developmental Surveill	ance		Firm well fitting crib ma			☐ Immunization		Yes □ No	
☐ Yes ☐ No Concerns	s?		Never shake the baby			☐ Hep B #1 (i		105 = 110	
Psychosocial/Behaviora	l Surveilla	ınce	Неацтн			□ V.I.S./Coun			
☐ Yes ☐ No Concerns			☐ If bottle fed↑feedings 26	6-32 oz	per day	☐ Influenza/To		ers	
Delivery History			☐ Sponge bathe			☐ Vitamin D i	_		
☐ Discharge Date			Cord, circumcision care			☐ Lactation co	onsult		
☐ Hospital			☐ Bowel movements			RTC at 1 me	onth		
☐ Gestational Age			☐ Fever > 100.4☐ Discuss breastfeeding			Parent decli	nation of treat	ment	
SVD or C/S			Discuss breastreedingNo solids until 6 months	:		☐ Referrals _			
☐ Membranes ruptured _	hours		☐ Discuss Well visit sched			<u> </u>			
☐ GBS: + - ☐ Maternal labs			■ No Honey						
☐ Baby blood type Ma	— aternal blood	d type	Social/Behavioral				MD /D	J D / DO / DA	
☐ HGB given: yes no		4 t) pt	☐ Parent/Child interaction			PROV#	IVI.D. / P.1	1.1. / DU / FA	
☐ Birth weight			☐ Sleep			☐ See back for	r additional do	cumentation	
☐ Discharge weight			☐ Cuddle, talk, rock			- See back for	additional do		
☐ Complications			☐ Support for mother						
			Who makes up family						

3 to 5 Day Visit

Date_

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

Tennessee Chapter

Form revised 06/16

Name	Birth Date	Age
Historian Allergie	esMedications _	
	in. W/L%tile Head	
B/P if indicated / RA _/_ LA _/_ RL _/_ LL _/_	PHYSICAL EXAM Undressed: y	ves 🗖 no
NUTRITION Breast min. q hrs. Formula oz. q hrs. Brand With iron?	General	
Family History Social History HEARING RISK ASSESSMENT Responds to sounds	Skin	
□ 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	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	IMPRESSION ☐ Well Newborn ☐ Premature Infant ☐ Jaundice ☐
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	☐ 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	□ 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 □
☐ HGB given: yes no ☐ Birth weight ☐ Discharge weight ☐ Complications	 □ Parent/Child interaction □ Sleep □ Cuddle, talk, rock □ Support for mother 	M.D. / P.N.P. / DO / PA PROV# ☐ See back for additional documentation

☐ Who makes up family

ONE MONTH VISIT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

Date_____

Tennessee Chapter

Name				Birth I	Date		Age	
Historian		_ Allergies	3	Medic	ations			
Weightlbs	OZ.	Length_	in. W/L	%tile	Head ci	rccm	Temp	AX REC
B/P if indicated	/		PHYSICAL EXAM	Undre	ssed: 🖵 ve	s 🖵 no	-	-
RA _/_ LA _/_ RL _/_ L	L _/_		General 🖵 nl	☐ abı	•			
Nutrition			Head In	abı				
☐ Breastmin	. q	hrs.	Fontanel Inl	abı				
☐ Formulaoz. oz. o			Neck 🖵 nl	abı	nl			
Brand			Eyes 🖵 nl	🖵 abı	nl			
With iron?	☐ Yes		Red reflex □ nl	🖵 abı	nl			
Water: □ city □ well □			Ears 🖵 nl	🖵 abı				
WIC	☐ Yes	□ No	Nose 🖵 nl	abı				
INTERVAL HISTORY/NEW I	PROBLEM	S	Throat/Mouth Inl	abı				
Change in family history?			Lungs nl	abı				
Change in social history?			Heart nl	abı				
If Yes, what?			Abdomen □ nl Femoral Pulses □ nl	abı				
			Umbilical Cord unl					
Are there new problems of			Spine In	abı				
the last visit?			Extremities Inl	abı				
If Yes, what?			Hips 🖵 nl	abı				
			Skin 🖵 nl	🖵 abı	nl			
Constipation	☐ Yes	□ No	Neuro 🖵 nl	🖵 abı	nl			
Sleep	☐ Yes	□ No	Genitalia					
Spitting up	☐ Yes	□ No	Female nl	abı				
Stuffy nose	Yes	□ No	Male 🗅 nl	abı				
Colic	☐ Yes	☐ No	Testes nl	□ abı				
			Circ 🗖 nl	□ abı	nI ————			
			SAFETY			Impression		
HEARING RISK ASSESSMEN	NT		☐ Car seat, facing backwar			☐ Well Newb		
Responds to sounds	☐ Yes	□ No	☐ Smoke free environment			□ Normal Gr		
Newborn hearing screen:			☐ Smoke detectors in home			☐ Normal De	-	
☐ Passed ☐ Repeat sche	duled		☐ Hot water < 120 degrees			\Box		
•			□ No bottle propping□ Safe sleep/sleep on back			<u> </u>		
VISION RISK ASSESSMENT			☐ Crib safety: 2-inch slats,		ets in hed	PLAN/REFERR	ALS	
Looks at parent's face	☐ Yes	☐ No	☐ Never shake the baby	no objec	ts in oca	☐ Immunizati	ions current?	Yes 🗆 No
Follows with eyes	☐ Yes	□ No				☐ Influenza/T	daP for caregi	vers
Newborn Metabolic/Her	noglobir	เบบสนเท	HEALTH			☐ Hep B		
Screening Normal 1	_	Pending	\Box If bottle fed, 26 – 32 oz		_	□ V.I.S./Cour		
TED D			☐ If breast fed, nurses 8-10	times/d	lay	☐ Vitamin D		
TB RISK ASSESSMENT*			☐ Delay solids			One month		t
Developmental Surveilla	ance		☐ Bowel movements	1		☐ PPD if at ri		
☐ Yes ☐ No Concerns			☐ Strong urinary stream if☐ Fever	maie		☐ RTC at 2 m		t-moont
Psychosocial/Behavioral			☐ No Honey			☐ Parent decl		
☐ Yes ☐ No Concerns			- No Holley			☐ Referrals _		
			SOCIAL/BEHAVIORAL			<u> </u>		
Maternal Postpartum			☐ Temperment					
Depression Screen		— +	☐ Sleep				M.D. / P.	N.P. / DO / PA
			☐ Talk to baby			PROV#		
			☐ Support for mother			☐ See back for	r additional do	ocumentation

^{*} 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 I	Date		Age	
Historian	_ Allergies	S	Medica	ations			
Weightlbsoz.	_						
B/P if indicated/	<u>-</u>	PHYSICAL EXAM	Undres	ssed: 🖵 yes	□ no		
RA _/_ LA _/_ RL _/_ LL _/_		General 🖵 nl	☐ abn	1			
NUTRITION		Head Inl	abn				
☐ Breastmin. q		Fontanel 🖵 nl	🖵 abn				
☐ Formulaoz. q		Neck unl	🖵 abn	ıl			
Brand		Eyes 🖵 nl	🖵 abn	ıl			
With iron?		Red reflex □ nl	🖵 abn	ıl			
Water: 🗆 city 🗀 well 🗀 spring		Alignment □ nl	🖵 abn				
WIC ☐ Yes	□ No	Ears 🖵 nl	abn				
INTERVAL HISTORY/NEW PROBLEM	S	Nose Inl	abn				
Change in family history? ☐ Yes	□ No	Throat/Mouth I nl	□ abn				
Change in social history? ☐ Yes	□ No	Lungs nl					
If Yes, what?		Heart □ nl Abdomen □ nl	□ abn				
		Femoral Pulses In	□ abn				
Are there new problems or illnesse	s since	Spine In	□ abn				
the last visit?	□ No	Extremities and	□ abn				
If Yes, what?		Hips Inl	abn				
		Skin 🖵 nl	abn				
Constipation	□ No	Neuro 🖵 nl	ם abn	ıl			
Sleep	□ No	Genitalia					
Spitting up	□ No	Female □ nl	🖵 abn	ıl			
Stuffy nose	□ No	Male □ nl	🖵 abn	ıl			
Colic	□ No	Testes □ nl	🖵 abn	ıl			
Diaper rash	□ No						
HEARING RISK ASSESSMENT		SAFETY			Impression		
Responds to sounds	□ No	☐ Car seat, facing backwar	rds		☐ Well Newbo	orn	
Smiles and laughs	□ No	☐ Smoke free environment	t		Normal Gro	owth	
Newborn hearing screen:		☐ Smoke detectors in hom	ie		Normal Dev	velopment	
☐ Passed ☐ Repeat scheduled ☐ I	Not done	☐ Hot water < 120 degrees	8		<u> </u>		
VISION RISK ASSESSMENT		☐ No bottle propping			<u> </u>		
Looks at parent's face Yes	□No	☐ Safe sleep/sleep on back			Plan/Referr <i>a</i>	AT C	
Follows with eyes Yes	□ No	☐ Crib safety			☐ Immunizati		l Ves □ No
•		☐ Rolling over, prevent fal	lls		☐ Influenza/T		
Newborn Metabolic/Hemoglobin	opathy	Неацтн				_	ib, PCV-13, IPV
Screening:		\Box If bottle fed, 26 – 32 oz	per dav		□ V.I.S./Coun		,
☐ Normal ☐ Repeat ☐ Pending		☐ If breast fed, nurses 8-10					_mg. q. 4-6 hrs.
Developmental Surveillance		☐ Delay solids		•	🖵 Vitamin D i		_ 0 1
☐ Yes ☐ No Concerns?		☐ Bowel movements			☐ Two month	Handout sheet	
Psychosocial/Behavioral Surveill		☐ Strong urinary stream if	male		RTC at 4 m	onths	
☐ Yes ☐ No Concerns?		☐ Fever			Parent decli	ination of treat	ment
		■ No Honey			Referrals _		
Maternal Postpartum		COCIAT /Destation :			<u> </u>		
Depression Screen	— +	SOCIAL/BEHAVIORAL Temperment			<u> </u>		
		☐ Temperment ☐ Sleep				MD/DN	JP/DO/DA
		☐ Talk to baby			PROV#	1V1.D. / F.1	1.1./ DO/1A
		☐ Support for mother			☐ See back for		

Four Month Visit

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

Date	
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Tennessee Chapter

Name	Birth Date	Age
Historian Allergie	sMedications _	
Weightlbsoz. Length	in. W/L%tile Head of	circcm TempAX REC
B/P if high risk:/	PHYSICAL EXAM Undressed: y	res 🗖 no
NUTRITION Breast	General	
If Yes, what?	Spine □ nl □ abnl Extremities □ nl □ abnl	
Are there new problems or illnesses since the last visit?	Hips □ nl □ abnl Skin □ nl □ abnl Neuro □ nl □ abnl Genitalia Female □ nl □ abnl Male □ nl □ abnl Testes □ nl □ abnl	
Sleep		
Diaper rash	SAFETY Car seat, facing backwards	Impression ☐ Well Baby
Responds to sounds Babbles and coos VISION RISK ASSESSMENT Looks at parent's face Follows with eyes Person No Newborn Metabolic/Hemoglobinopathy	 □ 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 	□ Normal Growth □ Normal Development □ □ □ □ □ □ □ PLAN/REFERRALS □ Immunizations current? □ Yes □ No □ Hep B, Rotavirus, DTaP, Hib, PCV-13, IPV
Screening □ Normal □ Repeat □ Pending	□ No baby walkers□ Child proof home	☐ V.I.S./Counseling ☐ Acetaminophenmg. q. 4-6 hrs.
Developmental Surveillance ☐ Yes ☐ No Concerns? Psychosocial/Behavioral Surveillance ☐ Yes ☐ No Concerns? Maternal Postpartum Depression Screen — +	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	 □ 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		
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Tennessee Chapter

Name				Birth I	Date		Age	
Historian		_ Allergies		Medica	ations			
Weightlbs	OZ.	Length_	in. W/L	%tile	Head cir	ccm	Temp	AX REC
B/P if high risk:	/		PHYSICAL EXAM	Undres	ssed: 🖵 yes	□ no		
NUTRITION Breastmin. Formulaoz. og Brand With iron? Cereal/baby food Water:citywellfluoridated WIC INTERVAL HISTORY/NEW H Change in family history? Change in social history? If Yes, what? Are there new problems of the last visit? If Yes, what?	Yes Yes Spring Yes Yes ROBLEM Yes Yes Yes	hrs. No No No No No No No S No No No	General n Head n Fontanel n Neck n Eyes n Red reflex n Alignment n Ears n Nose n Throat/Mouth n Lungs n Heart n Spine n Extremities n Skin n Neuro n	□ abn	ol 1			
Constipation Sleep Diaper rash	☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	Genitalia	□ abn □ abn □ abn	nl			
SPEECH/HEARING RISK AS Responds to sounds Jabbers and laughs VISION RISK ASSESSMENT Looks at parent's face Follows with eyes	☐ Yes ☐ Yes	□ No □ No □ No □ No	SAFETY ☐ Car seat, facing backwar ☐ Smoke free environment ☐ Smoke detectors in hom ☐ Hot water < 120 degrees ☐ Always supervise bath	e e	 	Impression ☐ Well Baby ☐ Normal Gro ☐ Normal Dev ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	elopment	
DENTAL RISK ASSESSME TB RISK ASSESSMENT* LEAD RISK ASSESSMENT	*	— + — + — +	 Rolling over, fall preven Safe sleep/sleep on back No baby walkers Child proof home Sunburn prevention 		 	Influenza vaV.I.S./CounsIbuprofen	virus, DTaP, Hoccine seling mg. q. 6-8	ib, PCV-13, IPV 8 hours
Developmental Surveilla ☐ Yes ☐ No Concerns' Psychosocial/Behavioral ☐ Yes ☐ No Concerns'	? Surveill	ance	HEALTH Continue formula or bre Introduce cereal, vegetal Introduce cup Avoid honey Teething/clean teeth Physical activity No bottle in bed or bottle SOCIAL/BEHAVIORAL Temperment Sleep, bedtime routine Talk, read to baby	bles, fruit	ts, meats	☐ Vitamin D if ☐ Six month H ☐ Hgb if at rish ☐ Lead level if ☐ RTC at 9 mc ☐ Poison Cont ☐ Refer to den ☐ Fluoride Var ☐ Iron suppler ☐ or low birth ☐ mg/kg/d if ☐ Parent declin ☐ Referrals ☐	Threast fed 400 Iandout sheet of at risk onths rol tal home if rismish ment: 2 mg/kg weight; low iron form nation of treat	sk assessment + /d if preterm ula or breastfed ment
* see separate form			☐ Family support ☐ No TV/media			PROV# ☐ See back for	additional do	cumentation

^{*} see separate form

Nine Month Visit

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

Date			

Tennessee Chapter

Name		Birth Date _	Age
Historian Alle	rgies	Medications	
Weightlbsoz. Len	gth in. W/L	%tile Head	circcm TempAX REC
B/P if high risk://	PHYSICAL EXA	M Undressed: □	yes 📮 no
Nutrition	General		
☐ Breast min. q hrs	s. Head		
☐ Formulaoz. q hrs	s. Fontanel 🖵		
Brand	Neck		
With iron? ☐ Yes ☐ No	Eyes		
Water: □ city □ well □ spring □ bottle □ fluoridated	Red reflex Alignment		
Baby foodservings per day	Ears		
Table food Yes No	Nose 🖵		
WIC Yes No	Throat/Mouth 🖵	nl 🖵 abnl	
105 110	Lungs 🖵	nl 🖵 abnl	
INTERVAL HISTORY/NEW PROBLEMS	Heart 🖵		
Change in family history? ☐ Yes ☐ No	Abdomen 🖵		
Change in social history? ☐ Yes ☐ No	Femoral Pulses 🖵		
If Yes, what?	Spine		
A .1 11 211	Extremities		
Are there new problems or illnesses since	Skin 🖵		
the last visit?	_		
ii ies, wiiat:	Genitalia	m = uom	
	Female □	nl 🖵 abnl	
SPEECH/HEARING RISK ASSESSMENT	Male 🖵		
Responds to sounds \square Yes \square No	Testes 🖵	nl 🖵 abnl	
Imitates speech ☐ Yes ☐ No	SAFETY		Impression
Vegrav Drav A ganga gram	☐ Car seat, facing back	wards	☐ Well Baby
VISION RISK ASSESSMENT Notices small objects	☐ Smoke free environm		☐ Normal Growth
· ·	☐ Smoke detectors in h		☐ Normal Development
DENTAL RISK ASSESSMENT* - +	☐ Hot water < 120 degr		<u></u>
LEAD RISK ASSESSMENT* - +	☐ Always supervise bat☐ Fall prevention/gates		D(D
Developmental Surveillance	☐ Poison Control numb		PLAN/REFERRALS ☐ Immunizations current? ☐ Yes ☐ No
☐ Yes ☐ No Concerns?	☐ Child proof home	. • •	☐ Hep B, DTaP, Hib, PCV-13, IPV
Psychosocial/Behavioral Surveillance	☐ Safe sleep/sleep on b	ack	☐ Influenza vaccine
☐ Yes ☐ No Concerns?	Sunburn prevention		☐ V.I.S./Counseling
	HEALTH		☐ Ibuprofen mg. q. 6-8 hours
Developmental Screening	☐ Continue formula or		Acetaminophen mg. q. 4-6 hrs.
☐ Normal ☐ Abnormal	Introduce table, fingeChoking prevention	er food	☐ Vitamin D if breast fed 400 IU/D
	☐ Introduce cup, weani	nσ	Dental referral (if at risk)Fluoride Varnish
	Avoid honey	6	☐ Lead level if at risk
	Physical activity		☐ Nine month Handout sheet
	☐ Teething/clean teeth		☐ RTC at 12 months
	☐ No bottle in bed or be	ottle propping	☐ Iron supplement: 2 mg/kg/d if preterm
	SOCIAL/BEHAVIORAL		or low birth weight;
	Exploring, set consist		1 mg/kg/d if low iron formula or breastfed Parent declination of treatment
	☐ Sleep, bedtime routin	ne	Referrals
	□ Talk, read to baby□ Separation Anxiety		
	☐ Family support		
	☐ No TV/media		M.D. / P.N.P. / DO / PA
* see separate form	Day care	☐ Yes ☐ No	☐ See back for additional documentation

Amer

DEDICA

rican Academy of Pediatrics	
erican Academy of Pediatrics ated to the health of all children TM	TOIATRE

Date_

Tennessee Chapter

Name			Birth Date	e		Age	
Historian	Allergies						
Weightlbso	_						
B/P if high risk:/		PHYSICAL EXAM	Undressed	: □ yes	□ no		
Weaned from bottle	picky g bottled es No EMS es No es No es No sses since es No	General nl Head nl Fontanel nl Neck nl Eyes nl Red reflex nl Alignment nl Ears nl Throat/Mouth nl Lungs nl Heart nl Abdomen nl Femoral Pulses nl Spine nl Extremities nl Hips/Gait nl Skin nl Neuro nl	□ abnl				
SPEECH/HEARING RISK ASSESSM Hears well	ENT es 📮 No	Genitalia	□ abnl □ abnl □ abnl				
Says 2-4 words	es	Car Seat, facing backwar Car Seat, facing backwar Smoke detectors in home Hot water < 120 degrees Water safety, supervise b Close supervision Child proof home	e	□ W □ N □ N □ _ □ _ Plan	Vell Child formal Growth formal Developm V/REFERRALS mmunizations cu		
LEAD RISK ASSESSMENT*	— + [☐ Safe sleep/sleep on back☐ Poison Control Number		□ H	lep B, Hib, PCV-1 Varicella, Hep A	13, IPV, MN	∕IR,
Developmental Surveillance ☐ Yes ☐ No Concerns? Psychosocial/Behavioral Surveillance ☐ Yes ☐ No Concerns?	eillance (Sunburn prevention HEALTH Weaning Introduce whole milk from the control of the	•	□ V □ It □ A □ V □ D □ F □ P □ R □ P	nfluenza vaccine (I.S./Counseling puprofen mg cetaminophen (Itamin drops with lental referral luoride Varnish PD if at risk 2 month Handou TC at 15 months larent declination deferrals	g. q. 6-8 ho nh iron	ent
* see separate form	((((Social/Behavioral Set consistent limits, disc Praise good behavior Sleep, bedtime routine Talk, read to child Family No TV	cipline	LAB Lead (Req Hgb	TEST i level quired by TennCaM V#ee back for addit	nre) 1.D. / P.N.P	P. / DO / PA

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

Date_____ Tennessee Chapter

Form revised 06/16

Name	Birth Date _		_Age
Historian Allergies			
Weightlbsoz. Length in. W/L			
B/P if high risk/ PHYSICAL]	EXAM Undressed:	l yes 🔲 no	
NUTRITION General	🗖 nl 🔲 abnl		
Whole milk	🗖 nl 🔲 abnl		
Weaned from bottle			
Appetite □ good □ variable □ picky Neck			
fruits Eyes vegetables Red reflex			
vegetables			
meats			
Water: □ city □ well □ spring □ bottled □ fluoridated Continuous print □ bottled Continuous print □ bottled Nose			
WIC Yes No Throat/Mouth	🗖 nl 🔲 abnl		
Lungs			
INTERVAL HISTORY/NEW PROBLEMS Heart			
Change in family history? Yes No Abdomen			
Change in social history? Yes No Femoral Pulses			
If Yes, what? Spine Extremities			
Are there new problems or illnesses since Hips/Gait			
the last visit?			
If Yes, what? Neuro	🗖 nl 🔲 abnl		
Genitalia			
SPEECH/HEARING RISK ASSESSMENT Female Male			
SPEECH/HEARING RISK ASSESSMENT Hears well Yes No Testes			
Says 3-6 words	um u aom		
SAFETY (continued)		Impression	
VISION RISK ASSESSMENT Close supervision		☐ Well Child	
Notices small objects		Normal GrowthNormal Develop	ament
ANEMIA RISK ASSESSMENT* — + Procest Procest Procest Procest			
ricienii Low ontii weight bleast	uon		
feeding Low iron formula HEALTH		PLAN/REFERRALS	current? Yes No
LEAD RISK ASSESSMENT* — + ☐ Whole milk unt	il age 2		b, PCV-13, IPV, MMR,
Developmental Surveillance	k intake	Varicella, Hep A	<u>.</u>
Tyes Two Concerns?		☐ Influenza vaccin☐ V.I.S./Counselin	
Psychosocial/Behavioral Surveillance Offer variety of Choking preventing the Choking prev		☐ Ibuprofen n	
_ t t licking preven	ries from dietary fat	Acetaminophen_	mg. q. 4-6 hrs.
SAFETY 10% of calories		☐ Fluoride Varnish☐ Vitamin drops w	
☐ Car Seat_facing backward until age 2. ☐ 300 mg of chole		☐ 15 month Hando	
or > weight and height allowed by mfg		RTC at 18 month	
☐ Smoke detectors in home ☐ Physical activity ☐ Brushing teeth	y	☐ Parent declination	on of treatment
1 No smoking in nome	\ T	_	
☐ Hot water < 120 degrees ☐ Water safety, supervise bath ☐ Set consistent li		LAB TEST	
Praise good beh		(If not done at 12 m	nonths)
☐ Discourage hitti	ing, biting and	Lead level	
other aggressive		(If TonnCore and no	at done at 12 months)
☐ Sleep, bedtime:☐ Talk, read to ch		PROV#	M.D. / P.N.P. / DO / PA
☐ Family		☐ See back for add	litional documentation

☐ No TV

^{*} see separate form

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN $^{\scriptscriptstyle{\text{TM}}}$

)	
1	PIDIATE ®

Date____

Tennessee Chapter

Name	Birth Date	Age
		s
_		ad circcm TempAX REC
B/P if high risk//	PHYSICAL EXAM Undressed:	□ yes □ no
NUTRITION Whole milk	General	a yes a no
SPEECH/HEARING RISK ASSESSMENT Hears well	Female	Impression ☐ Well Child ☐ Normal Growth ☐ Normal Development ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
LEAD RISK ASSESSMENT*	HEALTH Weaning Whole milk until age 2 Limit juice, milk intake Picky appetites, self feeding Offer varitety 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	 ☐ 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
 □ 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 	SOCIAL/BEHAVIORAL Set consistent limits, discipline Praise good behavior Time out, tantrums Talk, read to child Family Imitative/parallel play No TV	☐ 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

American Academy of Pediatrics

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Date		
Date		

Tennessee Chapter

Name	Birth Date	Age
Historian Allergie	sMedications	
Weightlbsoz. Height	in. BMI%tile Head	circcm TempAX Oral
B/P: / (meaningful use or if indicated)	PHYSICAL EXAM Undressed:	yes 🖵 no
Nutrition	General anl abnl	
Weaned from bottle Yes No	Head □ nl □ abnl	
Appetite □ good □ variable □ picky	Neck □ nl □ abnl Eyes □ nl □ abnl	
fruits	Red reflex nl abnl	
vegetables	Alignment abnl	
meats	Ears land label	
bread	Nose □ nl □ abnl	
Water: 🖸 city 🗖 well 🚨 spring 🚨 bottled	Throat/Mouth and abnl	
☐ fluoridated WIC ☐ Yes ☐ No	Lungs □ nl □ abnl Heart □ nl □ abnl	
INTERVAL HISTORY/NEW PROBLEMS	Heart	
Change in family history? ☐ Yes ☐ No	Femoral Pulses 🖵 nl 🖵 abnl	
Change in social history? ☐ Yes ☐ No	Spine □ nl □ abnl	
If Yes, what?	Extremities anl abnl	
	Hips/Gait land labnl	
Are there new problems or illnesses since	Skin lnl labnl	
the last visit?	Neuro □ nl □ abnl Genitalia	
If Yes, what?	Female □ nl □ abnl	
Dyslipidemia Risk Assessment — +	Male	
FH CVD heart disease <55 M \(\subseteq \text{Yes} \) No	Testes □ nl □ abnl	
FH CVD heart disease <65 F \(\text{Yes} \) No	S	Transpaga
FH cholesterol	SAFETY Car Seat, facing backward until age 2	Impression ☐ Well Child
BP > 90% DM inactive	or > weight and height allowed by mfg	☐ Normal Growth
passive smoke Chronic illness	Use bike helmet	☐ Normal Development
BMI > 95%	☐ Smoke detectors in home ☐ No smoking in home	
SPEECH/HEARING RISK ASSESSMENT	☐ Hot water < 120 degrees	PLAN/REFERRALS
Hears well Yes No	☐ Water safety, supervise bath☐ Child proof home, supervision	☐ Immunizations current? ☐ Yes ☐ No
2-3 word sentences ☐ Yes ☐ No	Poison Control Number	☐ Hep B, Hep A, DTaP, IPV☐ Influenza vaccine
VISION RISK ASSESSMENT	☐ Firearm safety	□ V.I.S./Counseling
Sees distant objects well? ☐ Yes ☐ No	☐ Sunburn prevention	☐ Ibuprofen mg. q. 6-8 hours
PHOTOREFRACTIVE SCREEN - +	HEALTH ☐ Low fat milk from cup	☐ Acetaminophenmg. q. 4-6 hrs☐ Vitamin drops with iron
DENTAL RISK ASSESSMENT* - +	☐ Limit juice, milk intake	☐ Dental referral
ANEMIA RISK ASSESSMENT* +	☐ Picky appetites, self feeding	☐ Fluoride Varnish
poverty poor diet chronic illness + TB RISK ASSESSMENT* +	☐ Choking prevention☐ 20-30% of calories from dietary fat	☐ Hgb if at risk☐ Lead level if at risk
LEAD RISK ASSESSMENT* — +	□ 10% of calories from saturated fat	☐ 2 year Handout sheet
Developmental Surveillance	☐ 300 mg of cholesterol per day	☐ RTC at 2 1/2 years
☐ Yes ☐ No Concerns?	☐ Physical activity ☐ Brushing teeth	☐ Parent declination of treatment
Psychosocial/Behavioral Surveillance	Social/Behavioral	Referrals
☐ Yes ☐ No Concerns?	☐ Set limits, time out	
Developmental Screening*	☐ Praise good behavior	Lab Test Lead Level
□ Normal □ Abnormal	☐ TV/Media < 2 hrs/day ☐ Read to child	(Required by Tenncare at 12 and 24 months.)
Autism Screening*	☐ Toilet training	, 1
☐ Normal ☐ Abnormal	☐ Sleep, bedtime routine	PROV# M.D. / P.N.P. / DO / PA
* see separate form	☐ Family	See back for additional documentation

* see separate form

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

Date	 Tennessee Chapter

Name		Birth Date		Age	
Historian Allergie	es	Medications _			
Weightlbsoz. Heig	ghtin.	BMI	%tile	Temp	AX Oral
B/P: / /	PHYSICAL EXAM	M Undressed: □	yes 📮	ì no	
(meaningful use or if indicated)	General 🖵	nl 🖵 abnl			
Nutrition	Head				
Weaned from bottle	Neck 🖵				
Appetite □ good □ variable □ picky	Eyes 🗆				
fruits	Red reflex □	nl 🖵 abnl			
vegetables	Alignment 🖵				
meats	Ears 🗆	nl 🖵 abnl			
bread Water: □ city □ well □ spring □ bottled	Nose 🖵				
☐ fluoridated	Throat/Mouth 🖵				
WIC Yes No	Lungs				
INTERVAL HISTORY/NEW PROBLEMS	Heart				
Change in family history? ☐ Yes ☐ No	Abdomen 🖵				
Change in social history? ☐ Yes ☐ No	Femoral Pulses Series				
If Yes, what?	Spine Extremities				
	Hips/Gait				
Are there new problems or illnesses since	Skin				
the last visit? \square Yes \square No	Neuro 🖵				
If Yes, what?	Genitalia	in 🛥 doin			
	Female	nl 🖵 abnl			
Dyslipidemia Risk Assessment — +	Male 🖵				
FH CVD heart disease <55 M ☐ Yes ☐ No FH CVD heart disease <65 F ☐ Yes ☐ No	Testes 🖵				
FH CVD heart disease <65 F ☐ Yes ☐ No FH ↑ cholesterol ☐ Yes ☐ No					
BP > 90% DM inactive	SAFETY (continued)		IMPRESSIO		
passive smoke Chronic illness	☐ Water safety, supervis		☐ Well C		
BMI > 95%	☐ Child proof home, sup		□ Norma		
SPEECH/HEARING RISK ASSESSMENT	☐ Poison Control Numb	er		l Development	
Hears well	☐ Firearm safety☐ Sunburn prevention				
2-3 word sentences Yes No	Sumburn prevention		U		
VISION RISK ASSESSMENT	HEALTH		PLAN/REF	ERRALS	
Sees distant objects well? \square Yes \square No	Low fat milk from cuj			nizations current?	Yes □ No
DENTAL RISK ASSESSMENT* - +	☐ Limit juice, milk intal		☐ Hep A		
ANEMIA RISK ASSESSMENT* — +	☐ Picky appetites, self for	eeding		za vaccine	
Poverty Poor Diet	☐ Choking prevention	1:	□ V.I.S./0	Counseling	
Chronic Illness	□ 20-30% of calories from			n drops with iron	
Developmental Surveillance	☐ 10% of calories from		Dental	referral	
Yes No Concerns?	□ 300 mg of cholesterol□ Physical activity	per day		le Varnish	
	☐ Brushing teeth		☐ Hgb if		
Psychosocial/Behavioral Surveillance	■ Brushing teeth			year Handout sheet	
☐ Yes ☐ No Concerns?	SOCIAL/BEHAVIORAL		RTC at		
Developmental Screening*	☐ Set limits, time out			declination of treat	
☐ Normal ☐ Abnormal	☐ Praise good behavior		☐ Referr	als	
SAFETY	☐ TV/Media - < 2 hrs/d	ay			
acar seat in back forward facing	☐ Read to child		┙		
Use bike helmet	☐ Toilet training	a		M.D. / P.1	N.P. / DO / PA
☐ Smoke detectors in home	☐ Sleep, bedtime routing ☐ Family				
☐ No smoking in home☐ Hot water < 120 degrees	☐ Day care, pre-school	☐ Yes ☐ No	☐ See ba	ck for additional do	cumentation

3 Year Visit

American Academy of Pediatrics

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Pate_____ Tennessee Chapter

Name		Birth Date		Age		_
Historian Allerg		_Medications _				
Weightlbsoz. He		BMI			AX Oral	
B/P:/	PHYSICAL EXAM	Undressed: □ y	res \Box	Ino		_
Nutrition	General 🖵 nl	□ abnl				
Low fat milk, cup only ☐ Yes ☐ No	Head □ nl	☐ abnl				
Appetite □ good □ variable □ picky	Neck □ nl					
fruits	Eyes 🖵 nl					
vegetables	Red reflex 🖵 nl					
meats	Alignment 🖵 nl					
bread	Ears 🖵 nl					
Water: □ city □ well □ spring □ bottled	Nose nl					
☐ fluoridated	Throat/Mouth and					
WIC Yes No	Lungs □ nl Heart □ nl					
INTERVAL HISTORY/NEW PROBLEMS	Abdomen nl					
Change in family history? ☐ Yes ☐ No	Femoral Pulses 🖵 nl					
Change in social history? ☐ Yes ☐ No	Spine Inl					
If Yes, what?	Extremities anl					
	Hips/Gait 🖵 nl	☐ abnl				
Are there new problems or illnesses since	Skin 🖵 nl	☐ abnl				
the last visit? \square Yes \square No	Neuro 🖵 nl	☐ abnl				
If Yes, what?	Genitalia					
	Female 🖵 nl					
DYSLIPIDEMIA RISK ASSESSMENT — +	Male nl					
FH CVD heart disease <55 M ☐ Yes ☐ No	Testes □ nl	□ abnl				
FH CVD heart disease <65 F ☐ Yes ☐ No	SAFETY		SAFETY (co	ntinued)		
FH †cholesterol	☐ Car seat in back forward	d facing		and playmates		
BP > 90% DM inactive	☐ Bike helmet		Curiosi	ty about sex		
passive smoke Chronic illness	Smoke detectors in hom	ne		re, pre-school	☐ Yes ☐ No	
BMI > 95%	☐ No smoking in home		Impressio ☐ Well Cl			
SPEECH/HEARING RISK ASSESSMENT	☐ Water safety, supervise		☐ Normal			
Hears well ☐ Yes ☐ No Talks well ☐ Yes ☐ No	Outdoor safety, supervisPoison Control Number		Normal Normal	l Development		
Easy to understand?	☐ Firearm safety		<u> </u>			
Vision	☐ Sunburn prevention		PLAN/REF	EDDALG		
Vision screening test:	НЕАLТН			izations current	? □ Yes □ No	
L near 20/ far 20/	☐ Low fat milk from cup		☐ Influen:	za vaccine		
L near 20/ far 20/ R near 20/ far 20/	☐ Limit juice, milk intake		U.I.S./C		•	
PHOTOREFRACTIVE SCREEN - +	☐ Picky appetites, self fee			ole vitamins with terol –Fasting L		
Anemia Risk Assessment* — +	Low fat foods, healthy s	snacks	(if at ris		ipia i rome	
poverty poor diet chronic illness	☐ Brush teeth, see dentist		Dental	referral		
LEAD RISK ASSESSMENT* - +	☐ Encourage Active Play	a diatam; fat	☐ Fluorid			
DENTAL RISK ASSESSMENT — +	□ 20-30% of calories from a□ 10% of calories from sa		☐ Hgb if a	wel if at risk		
TB RISK ASSESSMENT* - +	□ 300 mg of cholesterol p		PPD if			
Developmental Surveillance		or day		Handout sheet		
☐ Yes ☐ No Concerns?	SOCIAL/BEHAVIORAL Discipline, time out		RTC at		eatment	
Psychosocial/Behavioral Surveillance	☐ Praise good behavior		□ Referra	accimation of tr ils	eatment	
☐ Yes ☐ No Concerns?	☐ TV limits		_			
	Read to child		<u> </u>	140	P.N.P. / DO / PA	
	☐ Self help skills		PROV#	M.D. /	P.N.P. / DO / PA	k.
* see separate form	☐ Toilet training		☐ See had	ck for additional	documentation	
A V	Family		_ 550 840	www.monui		

4 Year Visit

American Academy of Pediatrics dedicated to the health of all children The Medicated To The Health of the Children The

Date_

Tennessee Chapter

Name		Birth Date		Age	
Historian Allergie	es	Medications _			
Weightlbsoz. Heig	ghtin.	BMI	%tile	Temp	AX Oral
B/P:/	PHYSICAL EXA	M Undressed: □ y	res 📮	l no	
NUTRITION Appetite □ good □ variable □ picky	General				
Water: \square city \square well \square spring \square bottled	Head				
☐ fluoridated	Neck				
WIC Yes No	Eyes				
INTERVAL HISTORY/NEW PROBLEMS	Alignment 🖵				
Change in family history? ☐ Yes ☐ No	Ears				
Change in social history? ☐ Yes ☐ No	Nose 🖵				
If Yes, what?	Throat/Mouth 🖵				
	Lungs 🖵	nl 🖵 abnl			
Are there new problems or illnesses since	Heart 🖵	nl 🖵 abnl			
the last visit? \square Yes \square No	Abdomen 🖵				
If Yes, what?	Femoral Pulses 🖵				
	Spine 🖵				
DYSLIPIDEMIA RISK ASSESSMENT — +	Extremities				
FH CVD heart disease <55 M Yes No	Hips/Gait □ Skin □				
FH CVD heart disease <65 F ☐ Yes ☐ No FH↑cholesterol ☐ Yes ☐ No	Neuro				
FH cholesterol Yes No BP > 90% DM inactive	Genitalia	III 🗀 abiii			
passive smoke Chronic illness	Female	nl 🖵 abnl			
BMI > 95%	Male 🖵				
SPEECH/HEARING RISK ASSESSMENT	Testes 🗆				
Hearing screening test					
☐ Pass ☐ Abnormal ☐ Unable to test					
VISION	SAFETY (continued)		IMPRESSIO		
Vision screening test:	☐ Smoke detectors in he		☐ Well C☐ Norma		
L near 20/ far 20/	☐ No smoking in home			l Development	
R near 20/ far 20/	☐ Water safety, swimming ☐ Outdoor safety, super		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
PHOTOREFRACTIVE SCREEN — +	☐ Firearm safety	VISIOII			
ANEMIA RISK ASSESSMENT - +	☐ Sunburn prevention		PLAN/REF		
poverty poor diet chronic illness	HEALTH			nizations current?	
LEAD RISK ASSESSMENT* - +	Low fat milk		,	IPV (4th dose on/a , Varicella, Hep A	iter 4th bday),
TB RISK ASSESSMENT* - +	☐ Limit Juice			iza vaccine	
Developmental Surveillance	☐ Encourage fruits and	vegetables		Counseling	
☐ Yes ☐ No Concerns?	☐ Brush teeth, see denti			ble vitamins with in sterol –Fasting Lipi	
Psychosocial/Behavioral Surveillance	☐ Encourage active play	y	(if at ri		d I Tollic
☐ Yes ☐ No Concerns?	\square < 20-30% of calories	•	Dental	referral	
	\Box < 10% of calories fro			le Varnish	
SAFETY \Box Booster seat – rear seat – 4-8 years or < 4'9" tall	\Box < 300 mg of choleste	rol per day	☐ Hgb if	at risk evel if at risk	
☐ Never put child in front seat if you have	SOCIAL/BEHAVIORAL		PPD if		
air bags	Discipline, time out			Handout sheet	
☐ Bike helmet	☐ Praise good behavior		RTC a		tmant
	Read to child	/1	□ Referr	declination of trea	
	☐ TV/Media – limit <2 hr	•	┗┛		
	Dresses self, helps atFamily	nome			
	☐ Friends and playmate	es.		M.D. / P.	N.P. / DO / PA
	☐ Curiosity about sex		PROV# _		
* see separate form	☐ Day care, pre-school	☐ Yes ☐ No	☐ See ba	ck for additional de	ocumentation

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			·
Weightlbsoz.	Heightin	. BMI	%tile	Temp	AX Oral
B/P:/	PHYSICAL	EXAM Undressed:	l yes 📮	no	
NUTRITION Appetite good variable spring fluoridated WIC Yes INTERVAL HISTORY/NEW PROBLEMS Change in family history? Yes Change in social history? Yes If Yes, what? Yes Are there new problems or illnesses the last visit? Yes If Yes, what? Yes SPEECH/HEARING RISK ASSESSMENT Hearing screening test	General	nl abnl abnl			
☐ Pass ☐ Abnormal ☐ Unable Vision Vision screening test:	Female Male Testes	🗆 nl 🔲 abnl			
L near 20/ far 20/ far 20/ far 20/ far 20/ PHOTOREFRACTIVE SCREEN ANEMIA RISK ASSESSMENT poverty poor diet chronic illne LEAD RISK ASSESSMENT* TB RISK ASSESSMENT*	Booster seat – rea Bike helmet, st Bike helmet, st Smoke detector No smoking in Water safety, st Outdoor safety, Firearm safety	rs in home home wimming lessons , supervision	☐ Normal ☐ Normal ☐ Lan/Refe ☐ Immuni ☐ DTaP, I	GRALS zations current? PV (4th dose on/at	Yes ☐ No fter 4th bday),
Developmental Surveillance ☐ Yes ☐ No Concerns? Psychosocial/Behavioral Surveilla ☐ Yes ☐ No Concerns?	Low fat milk Encourage frui Brush teeth, see Encourage acti < 20-30% of ca < 10% of calor < 300 mg of ch Social/Behavior Give choices Encourage inde Praise good bel TV limits, read Help child hand resolve conflict Family relation	ts and vegetables e dentist ve play alories from dietary fat ies from saturated fat iolesterol per day AL ependence havior to child dle angry feelings and is with others iships	Hep A Influenz V.I.S./C Chewab If BMI: Cholest (if at ris Dental r Fluoride Hgb if a Lead lev PPD if a RTC at Parent o Referra	ounseling le vitamins with ir >85%, follow-up p erol –Fasting Lipic k) referral e Varnish t risk rel if at risk	on lan d Profile
* see separate form	☐ Friends and pla☐ Questions abou☐ Pre-school, sch	it sex	PROV#		

6 to 10 Year Visit

Date_

American Academy of Pediatrics

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Tennessee Chapter

See back for additional documentation **Required for Kindergarien entry

Name		Birt	h Date		Age	
Historian Allergi	es	Me	dications _			
Weightlbsoz. Hei						
B/P:/	PHYSICAL EXA	AM Un	dressed: 🖵 y	ves [☐ no	
Nutrition Low fat milk? ☐ Yes ☐ No	General	🗀 n1	□ abnl			
Low fat milk? ☐ Yes ☐ No Variety of fruits, vegetables? ☐ Yes ☐ No	Head					
Eats breakfast?	Neck					
Eats supper with family? Yes No	Eyes	🗖 nl	☐ abnl			
INTERVAL HISTORY/NEW PROBLEMS	Ears					
Change in family history? ☐ Yes ☐ No	Nose					
Change in social history? ☐ Yes ☐ No If Yes, what?	Throat/Mouth/Teet Chest	h □ nl	□ abnl			
	Breasts/Tanner Stag					
Are there new problems or illnesses since	Lungs					
the last visit?	Heart					
If Yes, what?	Abdomen					
Dyslipidemia Risk Assessment — +	Femoral Pulses					
FH CVD heart disease <55 M \(\sigma\) Yes \(\sigma\) No	Spine Extremities					
FH CVD heart disease <65 F ☐ Yes ☐ No	Hips/Gait					
FH ↑cholesterol ☐ Yes ☐ No	Skin					
BP > 90% DM inactive	Neuro					
passive smoke Chronic illness	Genitalia/Tanner S					
BMI > 95% Dyslypidemia Screen	Female Mal					
(Once between 9-11 years)	C A POPULATION A			Impression	ON	
HEARING RISK ASSESSMENT (7 AND 9 YRS) — +	SAFETY Buckle up! Ride in 1	hack seat		☐ Well C		
HEARING SCREEN (6, 8, 10 YRS)	☐ Booster seat – rear seat			□ Norma	al Growth	
☐ Normal ☐ Abnormal	OR seat belt –rear seat		s or $> 4'9$ " tall		al Development	
Date:	☐ Bike helmet, street s☐ Smoke detectors in			<u> </u>		
VISION RISK ASSESSMENT (7 AND 9 YRS) — +	☐ No smoking in hom			PLAN/REI	FERRALS	
VISION SCREEN (6, 8, 10 YRS)	☐ Water safety, swimn		ons		nizations current?	
L near 20/ far 20/				☐ DTaP/	Td/Tdap, IPV (4th ay), MMR, *Varice	dose on/after
R near 20/ far 20/	☐ Sunburn prevention HEALTH			or hx o	ay), MIVIK, "varice of dz), HPV	na (2 doses
☐ Wears glasses, sees eye specialist	Low fat milk and sn	acks			nza vaccine	
ANEMIA RISK ASSESSMENT - +	☐ Encourage fruits and	d vegetab	les		Counseling	1.5. 01
poverty poor diet chronic illness + DENTAL RISK ASSESSMENT (AGE 6 YEARS) — +	☐ Brush teeth, see den	tist			sterol –Fasting Lipi isk 2-8 yrs)	d Profile
LEAD RISK ASSESSMENT* — +	☐ Adequate sleep☐ Encourage sports, a	ctive nlav		☐ Choles	terol - Non-fasting I	Lipid Profile
(through age 6)	☐ Sports form comple	ted		or Fast	ing Lipid Profile (one	ce between 9
TB RISK ASSESSMENT* — +	\Box < 20-30% of calorie	s from di		and 11	years)	
Developmental Surveillance	\Box < 10% of calories fr			☐ I ead le	evel if at risk	
☐ Yes ☐ No Concerns?	□ < 300 mg of cholest SOCIAL/BEHAVIORAL	eroi per c	iay	PPD if		
Psychosocial/Behavioral Surveillance	☐ School adjustment,	performa	nce		referral at age 6	
☐ Yes ☐ No Concerns?	☐ Sports and hobbies	-		~ , `	f + menarche or hig	h risk every
Tes Tro Concerns:	☐ Limit TV, computer	games <	2 hrs/day	year)_ □ If BM	1 >85%, follow-up p	lan
☐ Normal ☐ Abnormal	☐ Give choices☐ Encourage independ	lence			t years	
School Grade Problems? ☐ Yes ☐ No	Set limits, provide of		ices	Hando	outs	
Problems?	☐ Parent supervises pe	eer activit		☐ Paferr	declination of treat	ment
If Yes, what?	☐ Privacy, personal hy	giene	ne about car	□ Keleff	als	
	☐ Puberty changes and ☐ Family relationships		is about sex			
	☐ Friends and School				M.D. / P.	N.P. / DO / PA
	Social media, safety			PROV#_	ck for additional de	ocumentation
* see separate form	Dealing with strang	ers		- 500 0a	ck for additional do	r Kindergarten en

^{*} see separate form

$11 \ to \ 15 \ Year \ Visit$

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

Date_ Tennessee Chapter

Name		Birt	h Date		Age	
Historian Aller						
Weightlbsoz.	_				Temp	
B/P:/	Lungs Heart Abdomen Femoral Pulse	nl nl	abnl abnl	yes [l no	
(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?	Foot/toes SAFETY Buckle up! Bike helmet, s Smoke detecte No smoking ir Swimming, w. Firearm safety Sunburn preve HEALTH Low fat milk a Healthy food o Brush teeth, so < 20-30% of c < 10% of calo < 300 mg of c Adequate slee Acne Encourage spo Sports form at SOCIAL/BEHAVIOI School adjustr Sports and hol Limit TV, com Give choices Encourage ind Set limits, pro	treet safety ors in home a home ater safety ontion and snacks choices, Ca intage e dentist alories from satura holesterol per dep orts, active play tached Year ment, performan bies aputer games dependence vide consequen ss, anger hol, drugs, toba es and question	abnl abnl ake etary fat ated fat lay s □ No ace aces acco as about sex	Social Sleep h Heating IMPRESSIC Well C Norma Norma Norma FLAN/REF Immun *Tdap, or dz), Influen VI.S./C RTC at Handot Cholest or Fasti and 11 Cholest years) of Hgb (if year) PPD if STD sc Begin t Referra	erol - Non-fasting I berol - Fasting Lipid Profile (one years) erol - Fasting Lipid I only if new risk factor f + menarche or high art risk creening transition plan declination of treatals	ipid Profile te between 9 Profile (12-16 s in self or family th risk every
* see separate form	☐ Family relatio ☐ Friends, boy/g ☐ Abstinence, bi	irl friends		PROV# _ ☐ See bac	ck for additional do	N.P. / DO / PA ocumentation 7th Grade entry

st see separate form

16 to 20 Year Visit

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

тм	DIA	
	(015)	В

Date_____

Tennessee Chapter

Form revised 11/16

Name			B	Age			
Historian		_ Allergies_	N	Iedications _			
Weight	lbsoz.	Height	in. BM	1I	%tile	Temp	AX Oral
B/P:/ NUTRITION Low fat milk? Variety of fruits, ve Eats breakfast? Eats supper with INTERVAL HISTOR Change in family l Change in social h If Yes, what? Are there new pro the last visit? If Yes, what? DYSLIPIDEMIA R FH CVD heart disea	☐ Yes egetables? ☐ Yes ☐ Yes family? ☐ Yes ex/New Problem history? ☐ Yes istory? ☐ Yes Oblems or illnesse ☐ Yes ISK ASSESSMENT se <55 M	No N	PHYSICAL EXAM General	nl abnl	res 🗆	ì no	
☐ Yes ☐ No FH CVD heart disea ☐ Y s ☐ No FH cholesterol BP > 90% ☐ D passive smoke ☐ BMI > 95% ☐	use <65 F Yes inactive _ Chronic illnes	□ No	MUSCULOSKELETA Shoulder/arm	nl			
DYSLYPIDEMIA S (Once between 18 HEARING RISK ASS VISION RISK ASSESS ☐ Wears glasses, ANEMIA RISK AS poverty poor d	8-21 years) ESSMENT (16-21 years) SMENT (16-21 years) sees eye specialis SSESSMENT*—) — +	Driving and automobile sate Bike helmet, safety Smoke detectors in home Swimming, water safety Firearm safety Sunburn prevention, tanning		☐ Social ☐ Sleep l ☐ Eating ☐ IMPRESSIG ☐ Well A ☐ Norma	nygiene disorder screen ON dolescent	— +
MENOTINA DE LA COHOL/DRUG ASSESSMENT*(11-2 Ethoh, drug or sub TB RISK ASSESS STI/HIV RISK A HX of sexual activi HX of IV drug use HIV SCREEN (Once between 10 DEPRESSION SCI Normal Developmental SUYes NO COPSYCHOSOCIAL/BEI NO COPSYCHOSOCIAL/BEI NO COSCHOOL GRADE PROBLEMS? If Yes, what?	USE Jyears Stance to get high MENT SSESSMENT (11-21 ty 5-18 years 6-18 years 7-19 yea	H — + — — + — — + — — + — — + — — — — —	Healthy food choices, Ca+ Concerns about weight, be Periods (girls) LMP_ < 20-30% of calories from < 10% of calories from sat < 300 mg of cholesterol pe Adequate sleep Acne Encourage sports, exercise Sports form attached CIAL/BEHAVIORAL School adjustment, perforn Plans for work/further edu Tobacco use Drug and alcohol use Dealing with stress, anger Limit TV, computer time < Friends and fun Boy or girl friends /dating	dietary fat urated fat er day Yes No mance cation	PLAN/REF Immur Tdap, N Influen V.I.S./0 RTC at Hando Cholest at risk i Profile Hgb (ii year) Pap - 2 STD so HIV So PPD if Review Parent Referr	ERRALS nizations current? MCV4 Booster, Varice Iza vaccine Counseling t years uts terol – Non-fasting Li 16-17 years. Non-Fast once between 18-21 years the menarche or high I years creening creen (once between	Yes No lla, HPV, Hep B pid Profile if ting Lipid years h risk every 16 and 18)
see separate form			Abstinence, birth control STDs Family relationships		PROV# _	MD/PN	