

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



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

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

PROV# _____

See back for additional documentation

* 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

* see separate form

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

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 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

_____ +

DENTAL RISK ASSESSMENT*

_____ +

ANEMIA RISK ASSESSMENT*

_____ +

poverty _____ poor diet _____ chronic illness _____

TB RISK ASSESSMENT*

_____ +

LEAD RISK ASSESSMENT*

_____ +

Developmental Surveillance

Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

Yes No Concerns? _____

Developmental Screening*

Normal Abnormal

Autism Screening*

Normal Abnormal

* 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

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 _____

LAB TEST

Lead Level _____

(Required by TennCare at 12 and 24 months.)

_____ M.D. / P.N.P. / DO / PA

PROV# _____

See back for additional documentation

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 11/16

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? _____

* see separate form

Note: Bright Futures recommends screenings through age 21. TennCare Kids provides coverage for children birth until age 20 and ends when a member turns age 21. Any recommendation that mentions "21 years" as an end-date is not a TennCare Kids covered service.

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

- Driving and automobile safety
- Bike helmet, safety
- Smoke detectors in home
- Swimming, water safety
- Firearm safety
- Sunburn prevention, tanning beds

HEALTH

- Healthy food choices, Ca++ intake
- Concerns about weight, body image
- Periods (girls) LMP _____
- < 20-30% of calories from dietary fat
- < 10% of calories from saturated fat
- < 300 mg of cholesterol per day
- Adequate sleep
- Acne
- Encourage sports, exercise
- Sports form attached Yes No

SOCIAL/BEHAVIORAL

- School adjustment, performance
- Plans for work/further education
- Tobacco use
- Drug and alcohol use
- Dealing with stress, anger
- Limit TV, computer time <2 hrs/day
- Friends and fun
- Boy or girl friends /dating safety
- Abstinence, birth control
- STDs
- Family relationships

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