

# 3 to 5 Day

## Tennessee Chapter

INCORPORATED IN TENNESSEE

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Form revised 07/2022

Date \_\_\_\_\_

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

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

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

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

### NUTRITION

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

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

Brand \_\_\_\_\_

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

Other Problems: \_\_\_\_\_

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

### Newborn Bilirubin

Normal  Repeat  Pending

### Developmental Surveillance

Yes  No

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

### Psychosocial/Behavioral Surveillance

Yes  No

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

### NURSERY DC NOTE REVIEWED:

Yes  No

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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)

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

# 2 TO 4 WEEK VISIT

# Tennessee Chapter

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Date \_\_\_\_\_

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

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

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

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

### NUTRITION

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

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

Brand \_\_\_\_\_

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

Other Problems: \_\_\_\_\_

### 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

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# Two Month Visit

# Tennessee Chapter

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Form revised 07/2022

Date \_\_\_\_\_

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

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

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

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

### NUTRITION

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

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

Brand \_\_\_\_\_

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

Other Problems: \_\_\_\_\_

### 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

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# Four Month Visit

# Tennessee Chapter

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Form revised 07/2022

Date \_\_\_\_\_

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

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

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

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

### NUTRITION

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

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

Brand \_\_\_\_\_

Water:  city  well  spring  bottled

WIC  Yes  No

### ANEMIA RISK ASSESSMENT

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

Breast feeding \_\_\_

### 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

Other Problems: \_\_\_\_\_

### 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

### 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

Counseling

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

Vitamin D if breast fed 400 IU/D

Four month Handout sheet

RTC at 6 months

If low iron consider supplementation

Hgb if at risk

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

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
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# Six Month Visit

# Tennessee Chapter

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Form revised 07/2022

Date \_\_\_\_\_

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

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

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

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

### NUTRITION

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

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

Brand \_\_\_\_\_

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? \_\_\_\_\_

### 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

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

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

Supplementation if deficient in fluoride

If low iron consider Supplementation

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

Referrals \_\_\_\_\_

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

# Nine Month Visit

## Tennessee Chapter

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Form revised 07/2022

Date \_\_\_\_\_

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

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

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

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

### NUTRITION

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

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

Brand \_\_\_\_\_  
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

### 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

### 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

### 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

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

Supplementation if deficient in fluoride

Lead level if at risk

Nine month Handout sheet

RTC at 12 months

If Low iron, consider supplementation

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

Referrals \_\_\_\_\_

\_\_\_\_\_

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

# 12 Month Visit

# Tennessee Chapter

INCORPORATED IN TENNESSEE

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Form revised 07/2022

Date \_\_\_\_\_

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

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

Weight \_\_\_\_\_ kgs. Length \_\_\_\_\_ cm 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 — +

ANEMIA RISK ASSESSMENT — +

BLOOD LEAD SCREENING — +

### Developmental Surveillance

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

### Psychosocial/Behavioral Surveillance

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

### 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

### 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

### 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
- Counseling
- Ibuprofen \_\_\_\_\_ mg. q. 6-8 hours
- Acetaminophen \_\_\_\_\_ mg. q. 4-6 hrs.
- Dental referral
- Fluoride Varnish
- Supplementation if deficient in fluoride
- TB test if at risk
- 12 month Handout sheet
- RTC at 15 months
- Parent declination of treatment \_\_\_\_\_
- Referrals \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### LAB TEST

- Hgb \_\_\_\_\_
- Lead Level \_\_\_\_\_
- (Required by TennCare at 12 and 24 months. Report normal and abnormal results)

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

# 15 Month Visit

# Tennessee Chapter

INCORPORATED IN TENNESSEE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Form revised 07/2022

Date \_\_\_\_\_

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

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

Weight \_\_\_\_\_ kgs. Length \_\_\_\_\_ cm 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 \_\_\_\_\_

### 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
- Close supervision
- Child proof home
- Poison Control Number
- Sunburn prevention

### 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

### 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
- Counseling
- Ibuprofen \_\_\_\_\_ mg. q. 6-8 hours
- Acetaminophen \_\_\_\_\_ mg. q. 4-6 hrs.
- Fluoride Varnish
- Supplementation if deficient in fluoride
- 15 month Handout sheet
- RTC at 18 months
- Parent declination of treatment \_\_\_\_\_
- Referrals \_\_\_\_\_
- \_\_\_\_\_

### LAB TEST

- Hgb \_\_\_\_\_
- (If not done at 12 months)
- Lead Level \_\_\_\_\_
- (Required by TennCare at 12 and 24 months. Report normal and abnormal results)

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



# 18 Month Visit

## Tennessee Chapter

INCORPORATED IN TENNESSEE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Form revised 07/2022

Date \_\_\_\_\_

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

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

Weight \_\_\_\_\_ kgs. Length \_\_\_\_\_ cm 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
- Counseling
- Ibuprofen \_\_\_ mg. q. 6-8 hours
- Acetaminophen \_\_\_\_\_ mg. q. 4-6 hrs
- Dental referral
- Fluoride Varnish
- Supplementation if deficient in fluoride
- 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

# 24 Month Visit

# Tennessee Chapter

INCORPORATED IN TENNESSEE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Form revised 07/2022

Date \_\_\_\_\_

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

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

Weight \_\_\_\_\_ kgs. Length \_\_\_\_\_ cm BMI \_\_\_\_\_ %tile Head circ. \_\_\_\_\_ cm Temp. \_\_\_\_\_ AX REC

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

### 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

### 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

Dental referral

Fluoride Varnish

Supplementation if deficient in fluoride

Hgb 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.

Report normal and abnormal results)

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

# 30 Month Visit

# Tennessee Chapter

INCORPORATED IN TENNESSEE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Form revised 07/2022

Date \_\_\_\_\_

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

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

Weight \_\_\_\_\_ kgs. Length \_\_\_\_\_ cm BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX REC

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

### 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? \_\_\_\_\_

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

### 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

### 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  
 Counseling  
 Dental referral  
 Fluoride Varnish  
 Supplementation if deficient in fluoride  
 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

# 3 Year Visit

# Tennessee Chapter

INCORPORATED IN TENNESSEE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Form revised 07/2022

Date \_\_\_\_\_

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

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

Weight \_\_\_\_\_ kgs. Length \_\_\_\_\_ cm BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX REC

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? \_\_\_\_\_

### 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? \_\_\_\_\_

### 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

### 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

### 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
- 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
- Counseling
- Dental referral
- Fluoride Varnish
- Supplementation if deficient in fluoride
- Hgb if at risk
- Lead level if at risk
- TB test if at risk
- 3 year Handout sheet
- RTC at 4 years
- Parent declination of treatment \_\_\_\_\_
- Referrals \_\_\_\_\_
- \_\_\_\_\_

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

# 4 Year Visit

## Tennessee Chapter

INCORPORATED IN TENNESSEE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Form revised 07/2022

Date \_\_\_\_\_

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

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

Weight \_\_\_\_\_ kgs. Length \_\_\_\_\_ cm BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX REC

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 — +

(given at 6 and 8 years)

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

No smoking in home

Water safety, swimming lessons

Outdoor safety, supervision

Firearm safety

Sunburn prevention

### 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

### 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

Counseling

Dental referral

Fluoride Varnish

Supplementation if deficient in fluoride

Hgb if at risk

Lead level if at risk

TB if at risk

4 year Handout sheet

RTC at 5 years

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

Referrals \_\_\_\_\_

\_\_\_\_\_

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

# 5 Year Visit/Kindergarten Check-up

## Tennessee Chapter

INCORPORATED IN TENNESSEE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Form revised 07/2022

Date \_\_\_\_\_

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

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

Weight \_\_\_\_\_ kgs. Length \_\_\_\_\_ cm BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX REC

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? \_\_\_\_\_

### 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

### 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

### 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  
 COVID vaccine  
 Counseling  
 If BMI >85%, follow-up plan  
 Dental referral  
 Fluoride Varnish  
 Supplementation if deficient in fluoride  
 Hgb if at risk  
 Lead level if at risk  
 TB test if at risk  
 5 year handout sheet  
 RTC at \_\_\_\_\_ years  
 Parent declination of treatment \_\_\_\_\_  
 Referrals \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\* Required for Kindergarten entry

# 6 to 10 Year Visit

# Tennessee Chapter

INCORPORATED IN TENNESSEE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Form revised 07/2022

Date \_\_\_\_\_

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

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

Weight \_\_\_\_\_ kgs. Length \_\_\_\_\_ cm BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX REC

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 — +

(given at 6 and 8 years)

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

### 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

COVID-19 vaccine

Counseling

Cholesterol - Non-fasting Lipid Profile

or Fasting Lipid Profile (once between 9

and 11 years)

Lead level if at risk

TB test if at risk

Dental referral at age 6

Supplementation if deficient in fluoride

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

\* Required for Kindergarten entry

# 11 to 15 Year Visit

# Tennessee Chapter

INCORPORATED IN TENNESSEE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Form revised 07/2022

Date \_\_\_\_\_

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

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

Weight \_\_\_\_\_ kgs. Length \_\_\_\_\_ cm BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX REC

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 — + (every year 12-16 years)

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) — +

HEARING SCREEN (@6000 AND 8000HZ) — +

(ONCE BETWEEN 11 - 14 YEARS, ONCE BETWEEN 15 - 17 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 \_\_\_

### Tobacco/ALCOHOL/DRUG ASSESSMENT

(EVERY YEAR 11-21 YEARS) — +

### TB RISK ASSESSMENT — +

### STI RISK ASSESSMENT

(every year 11-21 years; Screen if Positive)

Hx of sexual activity — +

### HVI RISK ASSESSMENT

(every year 11-21 years; Screen if Positive)

Hx of IV Drug Use — +

### DEPRESSION SCREENING (EVERY YEAR, 12-21 YEARS)

Normal  Abnormal

### Developmental Surveillance

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

### Psychosocial/Behavioral Surveillance

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

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

Problems?  Yes  No

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

## PHYSICAL EXAM

Undressed:  yes  no

General -----  nl  abnl

Head -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth/Teeth --  nl  abnl

### Chest

Breasts/Tanner Stage--  nl  abnl

Lungs-----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses -----  nl  abnl

Extremities -----  nl  abnl

### Genitalia/Tanner Stage

Female  Male

## MUSCULOSKELETAL EXAM

Shoulder/arm-----  nl  abnl

Elbow/forearm-----  nl  abnl

Wrist/hand/fingers ----  nl  abnl

Hips/thigh -----  nl  abnl

Knee -----  nl  abnl

Leg/ankle -----  nl  abnl

Foot/toes -----  nl  abnl

### 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
- COVID-19 vaccine
- Counseling
- RTC at \_\_\_\_\_ years
- Handouts
- Cholesterol Screen - (once between 9 and 11 years)
- Hgb (if + menarche or high risk every year) \_\_\_\_\_
- Supplementation if deficient in fluoride
- TB test if at risk
- STI screening (if at risk)
- HIV screening (once 15-18 years)
- Begin transition plan
- Parent declination of treatment \_\_\_\_\_
- Referrals \_\_\_\_\_
- \_\_\_\_\_

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

\* Required for 7th Grade entry



# 16 to 20 Year Visit

# Tennessee Chapter

INCORPORATED IN TENNESSEE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Form revised 07/2022

Date \_\_\_\_\_

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

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

Weight \_\_\_\_\_ kgs. Length \_\_\_\_\_ cm BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX REC

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 — +

- (every year 17-21 years)
- 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% \_\_\_\_\_

### DYSLYPIDEMIA SCREEN — +

(Once between 17-21 years)

### HEARING RISK ASSESSMENT (16 - 21 years) — +

### HEARING SCREEN (@6000 AND 8000HZ) — +

(once between 15-17 years, once between 18-21 years)

### VISION RISK ASSESSMENT (16 - 21 years) — +

- Wears glasses, sees eye specialist

### ANEMIA RISK ASSESSMENT — +

- poverty \_\_\_\_\_ poor diet \_\_\_\_\_ chronic illness \_\_\_\_\_
- menorrhagia \_\_\_\_\_

### Tobacco/ALCOHOL/DRUG ASSESSMENT — +

(Every year 11-21 years)

- Ethoh, drug or substance to get high \_\_\_\_\_ +

### TB RISK ASSESSMENT — +

### STI RISK ASSESSMENT — +

(every year 11-21 years Screen if Positive)

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

### HIV SCREEN — +

(Once between 16-18 years)

### HEPATITIS C VIRUS INFECTION SCREEN — +

(Once between 18-21)

### DEPRESSION SCREENING (EVERY YEAR 12-21 YEARS)

- Normal  Abnormal

### Developmental Surveillance

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

### Psychosocial/Behavioral Surveillance

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

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

- Problems?  Yes  No

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

### PHYSICAL EXAM Undressed: yes no

- General -----  nl  abnl
- Head -----  nl  abnl
- Neck -----  nl  abnl
- Eyes -----  nl  abnl
- Ears -----  nl  abnl
- Nose -----  nl  abnl
- Throat/Mouth/Teeth --  nl  abnl
- Chest
- Breasts/Tanner Stage --  nl  abnl
- Lungs -----  nl  abnl
- Heart -----  nl  abnl
- Abdomen -----  nl  abnl
- Femoral Pulses -----  nl  abnl
- Extremities -----  nl  abnl

### Genitalia/Tanner Stage

- Female  Male

### MUSCULOSKELETAL EXAM

- Shoulder/arm -----  nl  abnl
- Elbow/forearm -----  nl  abnl
- Wrist/hand/fingers ----  nl  abnl
- Hips/thigh -----  nl  abnl
- Knee -----  nl  abnl
- Leg/ankle -----  nl  abnl
- Foot/toes -----  nl  abnl

### 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
- COVID-19 vaccine
- Meningitis B vaccine discussion
- Counseling
- RTC at \_\_\_\_\_ years
- Handouts
- Cholesterol Screen (once between 18-21 years)
- Hgb (if + menarche or high risk every year) \_\_\_\_\_
- Supplementation if deficient in fluoride
- Pap - 21 years
- STD screening (if at risk)
- HIV Screen (once between 16 and 18)
- TB test (if at risk)
- Review transition plan
- Parent declination of treatment \_\_\_\_\_
- Referrals \_\_\_\_\_
- \_\_\_\_\_

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.

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