

**PEDIATRIC CONTINUITY CLINIC
 AMBULATORY CARE CENTER
 MEDICAL COLLEGE OF GEORGIA
 AUGUSTA, GEORGIA**

DATE: _____

AGE: 4 YEAR CHECK-UP

Weight: _____ : %: _____
 Height: _____ : %: _____
 Head cir. _____ : %: _____

Name and Number: _____
 3 Year old weight _____
 3 Year old height _____
 3 Year old head circumference _____

Pertinent Medical Interval History (Illnesses, medications, etc.):

Eating: Eats with knife and fork independently Y _____ N _____
 Eats a well balanced diet - 3 meals a day Y _____ N _____
 Drinks low fat milk Y _____ N _____

Sleeping: Sleeps for 10-11 straight hours at night; sleeps alone Y _____ N _____

Development: Speaks in 4-5 word sentences Y _____ N _____
 Skips and hops on one foot 4-5 times in a row Y _____ N _____
 Goes to preschool Y _____ N _____
 Knows 4-5 colors, counts to 10, knows age, sex , full name Y _____ N _____
 Dresses without assistance Y _____ N _____

General Physical: Screening Tests:

BP: _____ / _____
 Vision: R Eye: Near: _____ /20 Far: _____ /20 Both eyes: _____ /20
 L Eye Near: _____ /20 Far: _____ /20
 Hearing: R Ear: NI: _____ Abn _____ L Ear: NI: _____ Abn _____

GENERAL PHYSICAL EXAM: STAR IF YES AND DESCRIBE BELOW

Pain Scale _____; Pain Score _____; Location: _____; MD Notified: _____; Initials: _____

	Normal			Normal	
	Y	N		Y	N
General Appearance	_____	_____		_____	_____
HEENT- are eyes straight	_____	_____		_____	_____
Neck	_____	_____	Extremities	_____	_____
Lungs	_____	_____	Genitalia	_____	_____
Heart	_____	_____	Gait	_____	_____
Abdomen	_____	_____	Neurological	_____	_____
Neck	_____	_____	Hops, skips	_____	_____

PERTINENT PHYSICAL FINDINGS:

**ANTICIPATORY GUIDANCE - 4 YEAR OLD CHECK-UP:
ASK EACH QUESTION ONCE BETWEEN 3 AND 4 YEARS OF AGE**

	YES	NO
Is there smoking in the house	_____	_____
Is there a smoke alarm on each level of the house	_____	_____
If guns are in the home are they locked up in a cabinet	_____	_____
Lead Poisoning risk factors:		
Home built before 1960	_____	_____
Has house built around then been renovated	_____	_____
Does a family member have increased exposure	_____	_____
Does a family member have elevated lead level	_____	_____
Did the child travel to the office in the a car seat	_____	_____
Are plants and medications out of reach	_____	_____
Is child in day care	_____	_____
Is the child exposed to a swimming pool; if so, is it protected	_____	_____
Is there a family history of high cholesterol (> 250)	_____	_____
Is there a family history of early heart attack (pre-age 50)	_____	_____

IMPRESSIONS: 1. _____
2. _____

MEDICATIONS: 1. _____
2. _____

IMMUNIZATIONS: 1. _____ **DTaP #5; Polio #4**
2. _____ **MMR #2**

LABORATORY 1. _____ **Repeat Lead level**
2. _____ **Prevnar #4**
3. _____ **Tests:**

LABORATORY: 1. _____ **Lead, Hgb, FEP**
2. _____ **Cholesterol if indicated**

RETURN TO CLINIC: 5-6 years of age

Continuity Clinic Resident _____

Attending Note: _____

Signature of Attending: _____