

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

DATE: _____

AGE: 5-6 YEAR CHECK-UP

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

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

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

Eating: Eats a balanced diet Y _____ N _____
Drinks low fat milk Y _____ N _____

Sleeping: Sleeps in room alone for 10-11 hours straight: Y _____ N _____
Nightmares or recurrent bad dreams: Y _____ N _____

Development: Rides a bike (wears helmet) Y _____ N _____
Knows letters numbers and colors Y _____ N _____
Can write name and copy other letters: Y _____ N _____
Socially adept- plays with others easily Y _____ N _____
Able to adjust to school Y _____ N _____

GENERAL PHYSICAL EXAMINATION BP: _____ / _____

-Vision: R Eye: Near: _____; Far: _____; Both Eyes: _____
L Eye: Near: _____; Far: _____
- Hearing: R Ear: _____; L Ear: _____

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

	Normal			Normal	
	Y	N		Y	N
General Appearance	_____	_____			
HEENT- EYES STRAIGHT	_____	_____			
Neck	_____	_____	Extremities	_____	_____
Lungs	_____	_____	Genitalia	_____	_____
Heart	_____	_____	Gait	_____	_____
Abdomen	_____	_____	Neurological	_____	_____
Neck	_____	_____			

OTHER PERTINENT PHYSICAL FINDINGS:

**ANTICIPATORY GUIDANCE - 5-6 YEAR OLD CHECK-UP:
ASK EACH QUESTION ONCE BETWEEN 5 AND 6 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. _____
 3. _____

MEDS: 1. _____
 2. _____
 3. _____

IMMUNIZATIONS: 1. _____
 2. _____

Should have had the following:
5 DTaP, 4 HIB
4 Polio
2 MMR, 1 Varicella

LAB 1. _____
 2. _____
 3. _____

Should consider the following tests:
Lead level x 2, Hgb, cholesterol

RETURN TO CLINIC: 7-8 years of age

Continuity Clinic Resident: _____

Attending Note: _____

Signature of Attending: _____