

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

DATE: _____

AGE: 7-8 YEAR CHECK-UP

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

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 _____ |
| Habits: | Rides a bike (wears helmet) | Y _____ N _____ |
| | Hours of TV/Video games a day | _____ |
| | Has appropriate dental hygiene | 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 _____ |
| | Grades in 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 – 7-8 YEAR OLD CHECK-UP:
ASK EACH QUESTION ONCE BETWEEN 7 AND 8 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 seat belt | _____ | _____ |
| 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) | _____ | _____ |
| Exposure to drugs, smoking, alcohol | _____ | _____ |
| Wears helmet when riding bike | _____ | _____ |
| Tuberculosis risk (family member with chronic cough) | _____ | _____ |

IMPRESSIONS: 1. _____
 2. _____
 3. _____

MEDS: 1. _____
 2. _____
 3. _____

IMMUNIZATIONS: 1. _____ **Should have had the following:**
 2. _____ **5 DTaP, 4 HIB**
4 Polio

LAB 1. _____ **2 MMR, 1 Varicella**
 2. _____ **Should have had the following tests: FEP**
 3. _____ **Lead level x 2, Hgb; consider cholesterol**

RETURN TO CLINIC: 9-10 years of age

Continuity Clinic Resident: _____

Attending Note: _____

Signature of Attending: _____