

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

DATE: _____

AGE: 9-10 YEAR CHECK-UP

Weight: _____ : %: _____

Height: _____ : % _____

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 _____
 Can write name and copy other letters: Y _____ N _____
 Socially adept- plays with others easily Y _____ N _____
 Able to adjust to school Y _____ N _____
 Has chores around the house Y _____ N _____
 Hours a day watching TV/Video games _____
 Adequate personal hygiene Y _____ N _____
 Teeth Brushing 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 – 9-10 YEAR OLD CHECK-UP:
ASK EACH QUESTION ONCE BETWEEN 9 AND 10 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 smoking, drugs, alcohol	_____	_____
Wears helmet when riding bike	_____	_____

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 have had the following tests:

Lead level x 2, Hgb, cholesterol if indicated

RETURN TO CLINIC: 11-13 years of age

Continuity Clinic Resident: _____

Attending Note: _____

Signature of Attending: _____