



Name:	DOB:	Actual Age:
-------	------	-------------

### Health Watch EPSDT 4 - 5 YEARS

<b>INTAKE &amp; VITALS</b>						
Height:	Weight:	BMI:	BP:	Temp.:	Pulse:	Resp.:
Allergies:				Growth Charts Completed: [ ]		

<b>INTERVAL HISTORY</b>		Fatigue, nightmares, enuresis, wt. loss or gain:	
Diet:	Has WIC: Yes / No	Stools:	
Illnesses:		Sleep Pattern:	Seeing dentist: Yes / No
Accidents:		Family history: HTN, heart disease, high cholesterol, DM, asthma	
Meds./Vits.:		Exposure to tobacco smoke:	TB Risk: Yes / No

**GROWTH-DEVELOPMENT:** Physical activity: \_\_\_\_\_

<input type="checkbox"/> Hops on one foot	<input type="checkbox"/> Plays with several children
<input type="checkbox"/> Counts 4 pennies	<input type="checkbox"/> Recognizes 3-4 colors
<input type="checkbox"/> Copies a square	<input type="checkbox"/> Knows opposites
<input type="checkbox"/> Catches, throws a ball	<input type="checkbox"/> Knows name, address, phone no.

**PARENTAL/PATIENT CONCERNS:**

PHYSICAL EXAMINATION (unclothed)			
Legend: ✓ = Normal      x = Abnormal			
General Appearance	[ ] Well nourished and developed	Heart	[ ] No murmurs, regular rhythm
	[ ] No abuse/neglect evident	Lungs	[ ] Breath sounds normal bilaterally
Head	[ ] Symmetrical	Abdomen	[ ] Soft, no masses, liver & spleen normal
Eyes	[ ] Conjunctivae, sclerae, pupils normal	Genitalia: Male	[ ] Normal appearance, circ./uncirc.
	[ ] Red reflexes present		[ ] Testes in scrotum
	[ ] Appears to see [ ] No strabismus	Female	[ ] No lesions, nl external appearances
Ears	[ ] Canals clear, TMs normal	Hips	[ ] Good abduction
	[ ] Appears to hear	Femoral pulses	[ ] Present and equal
Nose	[ ] Passages patent	Extremities	[ ] No deformities, full ROM
		Skin	[ ] Clear, no significant lesions
Mouth & pharynx	[ ] Normal color, no lesions, no cavities	Neurologic	[ ] Alert, moves extremities well
Neck	[ ] Supple, no masses palpated	Teeth	[ ] Grossly normal, no cavities

**ASSESSMENT:**

**PLAN:**

**ORDERS:** [ ] Vaccine reactions, risks and follow-up explained / VIS sheet given

<input type="checkbox"/> DTAP	<input type="checkbox"/> UA at 5 years	<input type="checkbox"/> MCV4 (high risk)
<input type="checkbox"/> IPV	<input type="checkbox"/> Vision screening Yearly	<input type="checkbox"/> PPD
<input type="checkbox"/> Hep B (if not previously done)	<input type="checkbox"/> Audiometry at 4 and 5 years	
<input type="checkbox"/> MMR	<input type="checkbox"/> Lead Blood Test (if not in chart)	
<input type="checkbox"/> Varicella (second dose)	<input type="checkbox"/> WIC Referral given	
<input type="checkbox"/> Hep A (if not previously done)	<input type="checkbox"/> Dental Referral given	
<input type="checkbox"/> HCT (if high risk)	<input type="checkbox"/> Rx for fluoride drops/chewable tabs .50/1.0 QD till age 14	
<input type="checkbox"/> Influenza vaccine (check recommendations)	<input type="checkbox"/> Immunization Registry entry	
<input type="checkbox"/> Fluoride varnish application	<input type="checkbox"/> Lipid Profile (if high risk)	

**ANTICIPATORY GUIDANCE: Circle if discussed**

**Diet:** Regular balanced meals with snacks, caloric balance, sweets, Fe, Na, meal socialization, school lunch program

**Injury & Violence prevention:** Street dangers, knives, falls, drowning, caution w/strangers, smoke detector, hot water temp. window guards, pool fence, bike helmet, poison center phone, storage of drugs, chemicals, matches, & guns, lead poisoning prevention

**Guidance:** School readiness, TV programs, play supervision, regular exercise, UV skin protection, tooth care, Education on Fluoride varnish treatment, parent smoking, strangers, seat belt use, childcare plan, emergency care plan, physical activity, sun screen

[ ] Refer to appropriate agency.  
 Next appointment [ ] 1 year or \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_