



Name:	DOB:	Actual Age:
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HealthWatch EPSDT 6 - 8 YEARS

INTAKE & VITAL SIGNS						
Height:	Weight:	BMI:	BP:	Temp.:	Pulse:	Resp.:
Allergies:				Growth Charts Completed: []		
INTERVAL HISTORY				Appetite:		Weight loss/gain:
Diet:				Meds/vits:		Seeing dentist: Yes / No
Physical activity:				Dental home:		
Accidents:				Family history: HTN, heart disease, high cholesterol, DM, asthma		
Fatigue, nightmares, enuresis:				Exposure to tobacco smoke:		TB Risk: Yes / No

GROWTH/SCHOOL PROGRESS:
 Achievement, sports, peer relationship, attendance, school vision or hearing problem, attendance:

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION					
Legend: ✓ = Normal x = Abnormal					
General Appearance	[] Well nourished and developed	Breast (female)	[] No masses, Tanner stage I II III IV V		
	[] No abuse/neglect evident	Lungs	[] Clear to auscultation bilaterally		
Head	[] No lesions	Abdomen	[] Soft, no masses, liver & spleen normal		
Eyes	[] PERRL, conjunctivae & sclerae clear	Genitalia	[] Grossly nl, Tanner stage I II III IV V		
	[] Vision grossly normal	Male	[] Circ./uncirc. [] Testes in scrotum		
Ears	[] Canals Clear, TMs normal	Female	[] No lesions, nl external appearances		
	[] Hearing grossly normal	Femoral pulses	[] Normal		
Nose	[] Passages clear, MM pink, no lesions	Extremities	[] No deformities, full ROM		
Teeth	[] Grossly normal, no cavities	Lymph nodes	[] Not enlarged		
Neck	[] Supple, no masses, thyroid not enlarged	Back	[] No scoliosis		
Chest	[] Symmetrical	Skin	[] Clear, no significant lesions		
Heart	[] No organic murmurs, regular rhythm	Neurologic	[] Alert, no gross sensory or motor deficit		

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheets given . [] MMR (if not up to date)

[] DTaP (if not up to date) [] HCT [] Lipid Profile (if high risk)

[] IPV (if not up to date) [] Influenza vaccine (check recommendations)

[] Hep B (if not up to date) [] Vision screening [] PPD(if high risk)

[] Varicella (if not up to date or history date documented) [] Audiometry [] UA

[] Hep A (if not up to date) [] Dental referral given [] MCV4 (if high risk)

[] Immunization Registry Entry [] Rx for fluoride .50/1.0 mg QD till age 14

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Limit fat, esp. sat. & cholesterol, sweets, sodium, caloric balance, physical activity

Injury & Violence prevention: Seat belt use, swimming, water safety, bike helmet, drug, smoke detector, storage of guns, drugs, toxic chemicals, matches, unsupervised play.

Guidance: Bed time, discipline, smoking, early sex education and puberty, progress, toothbrushing, dentist, UV skin protection, regular exercise, school achievement, fun, friends, family life education, child sexual abuse, physical activity,

[] Refer to appropriate agency.

Next appointment [] 1 year or _____ Signature _____ Date _____