3–5 Years

Department of State Health Services
Child Health Record
Preventive Health Visit

Client Information

Name: _____
DOB: _____ /_____/ _____ Age: _____Sex: _____
SSN/Record No.: _____
Race/Ethnicity: _____
Informant/Relationship: _____
Medical Home: _____

Family Profile and Health

_____No change in household since last visit
Child lives with:
_____Mother ____ Father ____ Stepparent _____Grandparent
_____Other
Total adults living in home: _____
Total children living in home: _____
Primary caretaker for this child: _____
Relationship: _____
Family's concerns/problems:

Development

Parent's concerns:

Developmental Screening: _____P ____ F
Type of Developmental Screen:
Standardized Parent Questionnaire: _____
Standardized Observational Screen: _____
Other: _____
Further assessment needed: _____Y ____ N
Mental Health (see "Key Elements" on reverse side):

Child's Health

Allergies:
Does the system review note any problems
or parent concerns: _____Y _____N
Explain:
Major illness, injury, hospitalization, surgery (since last visit):

Medications taken regularly — Type/Reason:

Dental Care:

Physical Examination

Temp _____ Pulse _____Resp _____
BP _____ Height _____Weight _____
(%)_____ (%) _____(%)_____

N	A	NE		N	A	NE	
____	__	___	Appearance	____	__	___	Heart/pulses
____	__	___	Head/fontanels	____	__	___	Lungs
____	__	___	Skin/nodes	____	__	___	Abdomen
____	__	___	Eyes	____	__	___	Genitalia/anus
____	__	___	Ears	____	__	___	Spine
____	__	___	Nose	____	__	___	Extremities
____	__	___	Mouth/throat	**Neurologic:**			
____	__	___	Teeth	____	__	___	Muscle tone
____	__	___	Neck	____	__	___	DTRs
____	__	___	Chest/breasts				

Additional documentation:

Nutrition

Problems: special diet, inappropriate weight gain, anemic, lead poisoning, chronic GI problems, major food allergies, refusal of any food group, developmental* _____Y _____N
**If answered yes, further assessment needed.*
Usual Servings Per Day:
____Dairy __ Vegetables__ WIC: ___Y __N
____Breads, cereal, rice, and pasta Flouride Supplements: ___Y __N
____Meat, poultry, fish, eggs, and dry beans
____Fruits Vitamins: ___Y __N

Sensory

Vision Screen: _____Normal ____Abnormal
Hearing Screen: _____Normal ____Abnormal
Hearing Screen Used: _____Hearing Checklist for Parents

Health Education

Injury Prevention
____Car safety restraints
____Poisoning
____Fire safety
____Firearms
____Street, water, bicycle safety
____Scissors/sharp objects
____Stranger safety
____Teach telephone no. & address
____Self-safety
____Passive smoking

Behavior
____Talk/read with child
____Exploration
____Limit television
____Discipline, consistency
____Toilet training
____Social interaction
____School readiness
____Sex education

Health Promotion
____Immunizations
____Well-child care
____Dental care, appointment
____Family planning
____Daycare

Nutrition
____Healthy diet/snacks
____Junk food
____Iron-rich foods
____Physical activity

Assessment

Plan

Dental referral made: ___Y ___N
WIC: ____Referred ___Refused ___N/A
Immunizations: ___Up to date ___To be given today ___Deferred
Explain:
Lab:
Hct/Hgb _____ Lead _____
Next appointment:

Date: _____ Signature/Title: _____ Signature/Title _____

3–5 Years

If used for documentation:_____
Patient's Name: _____
Date: _____

Key Elements

Systems Review

Skin: Rashes, infections
Ears: Hearing or ear problems
Eyes: Eye discharge, blinking, tearing
Nose/Mouth/Throat/Teeth: Nasal congestion

Cardio/respiratory: History of murmur, trouble with breathing, wheezing
Gastrointestinal: Bowel movement frequency, soiling
Genitourinary: Dysuria, discharge
Neuromuscular: Seizures, coordination, gait
Musculoskeletal: Fractures

Mental Health

The mental health assessment of this age also includes the developmental assessment and information from the family profile.

Feelings: Out of control, angry, sad, fearful, sullen, anxious
Behavior: Overactive, listlessness, harms others or property, sexually acts out, impulsive, frequently provokes other children, self-abuses
Social Interaction: Withdrawn, clings excessively, acts too young, communicates non-verbally rather than verbally
Thinking: Mistrustful, distracted, easily frustrated
Physical Problems: Low weight for age, weight loss, vomits, problem eating, lacks energy, sleeping problems
Other: Known history of neglect, physical, sexual or emotional abuse, prenatal substance abuse

Progress Notes