

Name: _____ DOB: _____ Today's Date: _____



FIVE YEAR WELL CHILD CHECK

INTERVAL HISTORY

Any changes in your family since last visit? <input type="checkbox"/> Move <input type="checkbox"/> Job change <input type="checkbox"/> Divorce <input type="checkbox"/> None <input type="checkbox"/> Other:	
Any relatives diagnosed with new medical issues since last visit? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	

BEHAVIORAL / DEVELOPMENTAL SURVEILLANCE

Any concerns about your child's growth / learning / behavior?	<input type="checkbox"/> No <input type="checkbox"/> Yes, describe:
Mark the tasks that your child can do:	
<input type="checkbox"/> Listens and follows simple instructions	<input type="checkbox"/> Balances on 1 foot
<input type="checkbox"/> Can tell a story with full sentences	<input type="checkbox"/> Hops, skips, climbs
<input type="checkbox"/> Writes some letters and numbers	<input type="checkbox"/> Names 4 colors
	<input type="checkbox"/> Draws person with 6 body parts
	<input type="checkbox"/> Copies square, triangle
	<input type="checkbox"/> Ties knot
	<input type="checkbox"/> Counts to 10

ANEMIA / LEAD / TB / ORAL RISK ASSESSMENT

Do you ever struggle to put food on the table?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child have a sibling or playmate who has had lead poisoning?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child live/visit a house or daycare built before 1978?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child live near or are around adults who work in battery factory, steel mill or other industry?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child chew or eat paint chips or dirt?.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your child spent >1 wk in South or Central America, Africa, or Asia since last blood test?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child use any ethnic folk remedies, imported cosmetics, or candies made outside the US?	
Was your child born in a country where tuberculosis is prevalent (outside the US)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your child traveled (>1 week) to a country at high risk of tuberculosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your child had contact with anyone with tuberculosis or a positive PPD test?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is your child infected with HIV?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child see a dentist?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child's primary watery source have fluoride (i.e. city water)	<input type="checkbox"/> No <input type="checkbox"/> Yes

ANTICIPATORY GUIDANCE:

- Help your child brush teeth in the morning and at night. Do not eat after brushing at night. See dentist twice a year.
- Give your child chores to do. Make chores into a game. Help your child to do things for him/herself.
- Feed your child breakfast. Drink skim or low-fat milk. Limit juices, sodas, Gatorade, Koolaid, sweet tea.
- Limit high-fat foods like fries, hamburgers, bacon, butter, ice cream. Feed 5 servings of veggies & fruits a day.
- Limit TV time to <2 hours a day. Make sure your child is active for >1 hour daily.
- Your child should ride in a booster seat in the back row of your car.
- Teach your child to swim to prevent drowning. Apply sunscreen when she/he is outside for a long time.
- Teach your child to wear a helmet and safety gear when biking, skating, etc.
- Install smoke alarm and have a fire escape plan. Install a carbon monoxide detector near every sleeping area.
- Do not let your child cross the street alone. Teach your child to look both ways and to hold your hand.
- Talk to your child about strangers. No one should ask for secret to be kept from parents. No one should ask to see your child's private parts except parents and doctors. No one should expose their private parts to your child.