

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_



**SIX 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, or 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"/> Draws person with 6 body parts	
<input type="checkbox"/> Can tell a story with full sentences	<input type="checkbox"/> Hops, skips, climbs	<input type="checkbox"/> Copies square, triangle	
<input type="checkbox"/> Writes some letters and numbers	<input type="checkbox"/> Names 4 colors	<input type="checkbox"/> Ties knot	<input type="checkbox"/> Counts to 10

**ANEMIA / LEAD / TB / CHOLESTEROL / 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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 have parents or grandparents who've had stroke or heart problems before age 55?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child have a parent with high cholesterol (>240 mg/dL) or taking cholesterol medication?	<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 2x a year.
- Take your child to see the school and meet the teacher. Talk to your child about school.
- Talk with your child every day about things he liked, any worries, and if anyone is being mean to him at school.
- Give your child chores to do and expect them to be done. Help your child to do things for him/herself.
- Teach your child anger management. Teach him/her to walk away when angry or go somewhere else to play.
- Feed your child breakfast. Drink skim or low-fat milk. Limit juices, sodas, gatorade, koolaid, sweet tea.
- Limit high-fat foods like fried foods, hamburger meat, bacon, butter, ice cream.
- Feed your child 5 servings of vegetables and fruits at meals and for snacks every day.
- Teach your child to swim to prevent drowning. Apply sunscreen when outside.
- 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.