DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
HCF 1068K (Rev. 09/01)

STATE OF WISCONSIN
Health Check

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GENERAL PEDIATRIC CLINIC / ELEMENTARY SCHOOL VIST

(See 2nd page for Anticipatory Guidance for Elementary School Visit)

Completion of this form is voluntary.

Patient Name	**Date of Birth**	**Age**	**Height**	**Weight**	**Today's Date**

Accompanied by	**BP** /

Urinalysis	**Urine culture**	**Pulse**

Vision	**R.** /	**L.** /	**Color**	**Hearing**	**Gross**	**Audiogram**

Parental Concerns

Living Situation

School and Grade: Adjustment

Extracurricular Activities: Hobbies, Sports

Eating Habits

General Health

Parent's Description of Child's Temperament
Adjustments to Home, Environment, Attention Span, Distractibility, Peer Relationships

Problems Identified and Reviewed

Physical and Emotional Status

Diet: Obesity Prevention, Dietary Needs, Habits, Snacks

Anticipatory Guidance: Consistency of approach, guidance, need for praise, independence, allowance, modeling of behavior, responsibilities & role in family, honesty & ownership, fears & fantasies, television., school responsibilities, punctuality, home work, sex education, literature for parents & child.
Safety: Cars, bikes, guns, water.
Dental Care:

_____ _____
SIGNATURE – Provider Date Signed

Return to clinic in _____ months.

Adjustment to Clinic Visit

Mood

Intensity of Reactions

Speech & Language

Dental Referral

(Cross off parts not examined or not applicable)

Part	**N/A**	**Abn**
Skin: Color, texture		
Head: Symmetry, scalp, hair		
Eyes: EOM, pupils, cornea, conjunctivae, fundi		
Ears: Pinnae, canals, tympanic membranes		
Nose: Nares & turbinates		
Mouth: Tongue, gums, number of teeth ( )		
Throat: Pharynx, tonsils		
Neck: Movements, thyroid		
Nodes: Axillary, cervical, inguinal, submandibular		
Check: Expansion, breast tissue		
Lungs:		
Heart: Rhythm, S1, S2, murmur		
Abdomen: Contour, LSK, mass		
Genitourinary: Vagina, testes, urethral orifice, hernia		
Neuromuscular: Equilibrium, motor strength, sensory, coordination, cranial nerves, DTRs, Babinski		
Spine: Posture, hip and shoulder levels		
Extremities: Gait, range of motion of joints		
Anus: Rectal		
Sexual Development: (Describe)		

Describe abnormal findings

Parents' Interactions with Child: NO* = Not Observed Here
Obs = Observed M = Mother F = Father

Activity	**Obs**	**NO***
Makes eye contact		
Touches child		
Hovers over child		
Spontaneously identifies positive qualities		
Reassures child who is unsure of situation		
Limits activity by verbal command		
Limits activity by physical command		
Voice calm when talking to child		
Gives simple, short directions/explanations		
Reinforces behavior through approval & attention		
Terminates activity with some forewarning		
Allows child to answer for self		
Interrupts child's conversation		
Limits child's exuberance		

Other Observations

Parent-Child Interactions

Elementary – Anticipatory Guidance

Modeling of behavior by the parents probably influences the child more than anything they can say. The parents must be consistent in whay they do and expect the child to do. Questions, limits, need to be explained in reasonable terms, and now that the child is beginning to be able to do abstract thinking, explanations of choices and consequences can be understood. Independence and responsibilities need to be nutured and gradually given according to the capabilities of the child. Some limits still need to be firmly set. The child still has fears and fantasies which may not have been resolved, but they should be distinguished from necessary fear of real danger. The younger school age child may still be in the stage of mixing fantasy and truth. Explanations rather than punishment may be more appropriate at this stage of development.

The responsibility for school related activities should be gradually shifted from parent to child. Sex education may be offered in school but the parent should find out what is taught and what the child understands. If the parent cannot discuss the subject comfortably, then the health professional should offer books for the parents and/or child or talk directly with the child. Night ejaculation, masturbation, premenstrual vaginal discharge, as well as the secondary sex changes, can be discussed with the child during examination of the genitalia and breasts. Gynecomastia may cause problems, especially in an obese boy, and the child needs to be reassured of their sexual identity.

Safety

Accidents lead all diseases as the cause of death in this age group. Talking directly to the child and often without having discussed the subject with the parent is probably most effective with child. Bicycles are owned and ridden by every child. Safety check of bikes, helmets and rules on the road should be strongly reinforced. Water safety, cars, boats, guns, etc., should be discussed if appropriate for this child. First Aid in the form of thorough cleaning of all wounds should be mentioned.

Dental Care

Dental care related to diet and brushing should be reinforced when checking the teeth. Remind the child that the permanent teeth have no good substitutes. Dental referral should be made.