

**6-11 YEAR WELL CHILD VISIT**

Hirsch Holistic Family Medicine  
3525 Ensign Rd NE Ste N  
Olympia WA 98506  
(360) 464-9965 / (800) 897-8320 fax

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Accompanied by: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**PARENT SECTION:** Please check yes or no and fill in the blanks.

**GENERAL ISSUES**

- Yes  No  Overall I feel my child is doing well.
- No  Yes  There have been recent changes or stresses in our family
- Yes  No  I spend enough time with my child.
- Yes  No  I help my child with his/her homework daily as needed.
- No  Yes  It is difficult to communicate with my child.
- No  Yes  I have questions about how to discipline my child.
- No  Yes  My child attends daycare/before or after school care.

**DAILY ROUTINES**

- Yes  No  We have family mealtime \_\_\_\_\_ times per week.
- Yes  No  My child eats or drinks dairy products 4X each day.
- Yes  No  My child eats a variety of fruits and vegetables each day.
- No  Yes  My child eats too much sugar.
- Yes  No  My child's weight is just right.
- Yes  No  My child gets plenty of exercise.
- Yes  No  My child gets 8-10 hours of sleep at night.
- No  Yes  My child wets the bed.
- No  Yes  My child has problems with his/her bladder or bowels.
- No  Yes  My child spends too much time in front of a TV or computer.

**DEVELOPMENT**

- No  Yes  I have questions about my child's development \_\_\_\_\_
- Yes  No  My child has an even temperament
- Yes  No  I have concerns about my child's self-esteem
- Yes  No  My child gets along well with others.
- Yes  No  My child has several close friends that I like
- Yes  No  My child knows the difference between girls and boys.
- Yes  No  I have talked to my child about puberty changes.
- No  Yes  I have concerns about my child's vision or hearing.
- Yes  No  My child does well at school. Name of school & grade: \_\_\_\_\_

**PREVENTION**

- No  Yes  My child lives with someone who smokes cigarettes
- No  Yes  My child or another person living with us was born outside the U.S. or has traveled to Asia, Mexico, Latin America, or Africa
- No  Yes  I have a family member who has had Tuberculosis
- No  Yes  There is a family history of high cholesterol or diabetes.
- Yes  No  My child brushes and flosses his/her teeth daily.
- Yes  No  My child sees the dentist at least once yearly.
- Yes  No  My child takes fluoride tablets
- Yes  No  My child is in a booster seat (if <60#) or wears a seatbelt every time in a car.
- Yes  No  My child knows what to do if a fire breaks out in our home.
- No  Yes  There are guns in our home.
- No  Yes  I have concerns about sexual mistreatment of my child.
- Yes  No  I have talked to my child about sex and sexual abuse.
- Yes  No  I talk to my child about drugs, alcohol and smoking
- Yes  No  My child always wears a helmet when biking or skating.
- Yes  No  My child knows how to swim.
- No  Yes  Is there anything else you want to discuss today?

**DISCUSSION TOPICS**

- \*\*\*\*\*
- Importance of breakfast
- Calcium needs 800mg/day
- Variety need/fiber
- Pediatric obesity
- \*health risks
- Lifetime fitness
- Normal variation
- Limit screen time and content
- \*\*\*\*\*
- Normal curiosity
- Sex Ed books to assist discussion
- Use correct terms for body parts
- 20/40 abnormal
- \*\*\*\*\*
- Risk of tobacco exposure
- Assess TB risk
- Dental care
- Children in back seat
- Fire drills
- Firearms stored safely
- Safe touch/Stranger safety
- Pre-teen more receptive
- Reinforce helmet use
- Water safety

**PHYSICAL EXAM:** (all items examined unless crossed out. Abnormalities circled and commented on)

Mortality leaders: Accidental injuries, bike and auto accidents, fires, guns, drowning

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Height: \_\_\_\_\_ cm ( \_\_\_\_\_ %)  
 Weight: \_\_\_\_\_ kg ( \_\_\_\_\_ %)  
 BMI: \_\_\_\_\_

T: \_\_\_\_\_  
 P: \_\_\_\_\_  
 RR: \_\_\_\_\_  
 BP: \_\_\_\_\_

Visual Acuity: \_\_\_\_\_  
 OD \_\_\_\_\_  
 OS \_\_\_\_\_  
 OU: \_\_\_\_\_

db	AUDIOGRAM					
	RT.				LF.	
	20	25	40	20	25	40
4000						
2000						
1000						
500						

General: Alert, no apparent distress  
 Skin: Warm, soft, dry without lesions  
 HEENT: Normocephalic, atraumatic, conjunctiva clear,  
 TM's gray with normal landmarks  
 nares patent w/o erythema, edema or discharge  
 oral pharynx with moist mucous membranes  
 tonsils without erythema edema or exudates.  
 Neck: Supple, no head or cervical lymphadenopathy,  
 thyroid soft, size normal  
 Lungs: Good excursion, clear to auscultation  
 CV: Normal S1, S2 with no MRG  
 Abdomen: Soft, non-tender, no hepatosplenomegaly,  
 +bowel tones in all four quadrants, no masses  
 MSK: Symmetrical tone, moves all extremities= and well  
 GU: Normal external genitalia (males:circ/noncirc,  
 testes descended)  
 Neurologic: Appropriate behavior, oriented, normal speech/affect  
 Patellar DTR's 2+

**ASSESSMENT:**

**PLAN:**

1. Growth and developmental progress
  - Normal for age
  - Concerns \_\_\_\_\_
2. Immunizations
3. Dental Health
  - Good
  - At risk
  - Caries
4. Tobacco Smoke Exposure
  - Yes  No
5. Screening  
 (safety, diet, exercise, health, family)
  - No risk factors identified
  - Risk factors \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

1. \_\_\_\_\_
- Discussed recommended schedules, risks and benefits.
- DtaP #\_\_\_\_  Varicella
- MMR #\_\_\_\_  Hep A #\_\_\_\_
- \_\_\_\_\_
- Reviewed preventive measures
- Fluoride 1.0 mg/day
- Dental referral
- Cessation counseling
- Exposure avoidance
- Referral \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Next visit at \_\_\_\_\_  
 Problem list updated  Allergies updated  
 Mortality leaders: Accidental injuries, bike and auto accidents, fires, guns, drowning

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- o Med list updated
- o See dictated note

\_\_\_\_\_  
Provider Signature

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor Signature