

GENERAL PEDIATRIC CLINIC / ELEMENTARY SCHOOL VISIT

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

Completion of this form is voluntary.

Patient Name		Date of Birth	Age	Height	Weight	BMI	Today's Date																																																																																					
Accompanied by						BP																																																																																						
Urinalysis			Urine Culture			Pulse																																																																																						
Vision	R. /	L. /	Color	Hearing	Gross	Audiogram																																																																																						
Parental Concerns			Adjustment to Clinic Visit																																																																																									
			Mood																																																																																									
Living Situation			Intensity to Reactions																																																																																									
			Speech and Language																																																																																									
School and Grade: Adjustment			Dental Referral																																																																																									
			<p style="text-align: center;">Note -- Present (+) or Absent (-) as Appropriate (Cross off parts not examined or not applicable)</p>																																																																																									
Extracurricular Activities: Hobbies, Sports			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Part</th> <th>N</th> <th>Abn</th> </tr> </thead> <tbody> <tr> <td>Skin: Color, texture</td> <td></td> <td></td> </tr> <tr> <td>Head: Symmetry, scalp, hair</td> <td></td> <td></td> </tr> <tr> <td>Eyes: OM, pupils, cornea, conjunctivae</td> <td></td> <td></td> </tr> <tr> <td>Ears: Pinnae, canals, tympanic membranes</td> <td></td> <td></td> </tr> <tr> <td>Nose: Nares and turbinates</td> <td></td> <td></td> </tr> <tr> <td>Mouth: Tongue, gums, number of teeth ()</td> <td></td> <td></td> </tr> <tr> <td>Throat: Pharynx, tonsils</td> <td></td> <td></td> </tr> <tr> <td>Neck: Movements, thyroid</td> <td></td> <td></td> </tr> <tr> <td>Nodes: Axillary cervical, inguinal, submandibular</td> <td></td> <td></td> </tr> <tr> <td>Check: Expansion, breast tissue</td> <td></td> <td></td> </tr> </tbody> </table>					Part	N	Abn	Skin: Color, texture			Head: Symmetry, scalp, hair			Eyes: OM, pupils, cornea, conjunctivae			Ears: Pinnae, canals, tympanic membranes			Nose: Nares and turbinates			Mouth: Tongue, gums, number of teeth ()			Throat: Pharynx, tonsils			Neck: Movements, thyroid			Nodes: Axillary cervical, inguinal, submandibular			Check: Expansion, breast tissue																																																						
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Anticipatory Guidance: Consistency of approach, guidance, need for praise, independence, allowance, modeling of behavior, responsibilities and role in family, honesty and ownership, fears and fantasies, television. School responsibilities, punctuality, home work, sex education, literature for parents and child. Safety: Cars, bikes, guns, water. Dental Care:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Development and Parent-Child Interactions</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Development and Parent-Child Interactions																																																																																				
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Return to clinic in _____ months.																																																																																												

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 what 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 nurtured 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 that 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 his 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.