

GENERAL PEDIATRIC CLINIC / PRESCHOOL VISIT

(See 2nd page for Anticipatory Guidance for Preschool)

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 exam				
Diet and Eating Habits: Regular meals, snacks				Activity				
Sleep: Behavior at bedtime, naps, nightmares, facilities				Persistence — Attention Span				
Activities: Quiet, active				Distractibility				
Sitter / Day Care / Nursery School: Name and hours				Speech and Language				
Toilet Training: Day, night				Dental Referral				
Parents' Description of Activities with the Child: Temperament and Discipline Used. General Mood, Reaction to New Situations, Intensity of Reactions, Persistence / Attention Span, Distractibility, and Peer Relationships.				Note – Present (+) or Absent (-) as Appropriate (Cross off parts not examined or not applicable)				
				Part		N	Abn	
				Skin: Color, texture				
				Head: Symmetry, color, scalp, hair				
				Eyes: EOM, pupils, cornea, conjunctivae, fundi				
				Ears: Pinnae, canals, tympanic membranes				
				Nose: Nares and turbinates				
				Mouth: Tongue, gums, number of teeth ()				
				Throat: Pharynx, tonsils				
				Neck: Movements, thyroid				
				Nodes: Axillary, Cervical				
				Lungs				
				Heart: Rhythm, S1, S2, murmur				
				Abdomen: Contour, mass				
Genitourinary: Vagina, testes, urethral orifice, hernia								
Neuromuscular: Equilibrium, motor strength, sensory coordination, cranial, nerves, DTRs, Babinsky								
Spine: Posture, hip and shoulder levels								
Extremities: Gait, range of motion of joints								
Problems Identified and Reviewed				Anus: Rectal				
Physical and Emotional Status				Sexual Development: (Describe)				
				Describe abnormal findings.				
				Parents Interactions with Child		O = Observed M = Mother F = Father NO* = Not observed here		
Diet				O	NO*	Activity		
						Makes eye contact		
						Touches child		
						Hovers over child		
						Spontaneously identifies positive qualities		
						Limits activity by verbal command		
						Limits activity by physical action		
Immunization						Gives simple, short directions / explanations		
Drug Co. and Lot No.						Reinforces behavior with approval and attention		
Expiration Date						Terminates activity with some forewarning		
						Allows child to separate and check back		
						Allows child to answer for self		
						Interrupts child's conversation		
						Limits child's exuberance		
SIGNATURE — Provider				Date Signed				
				Other Observations				
Return to clinic in _ _ months.				Development and Parent-Child Interactions				