# DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

Division of Medicaid Services

F-01068K (08/2019)

Reprinted and adapted with permission from Memee K. Chun, M.D.

**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** | | | | | | | | |
| **Extracurricular Activities:** Hobbies, Sports | | | | | **Note – Present (+) or Absent (-) as Appropriate**  (Cross off parts not examined or not applicable) | | | | | | | | |
|  | | | | | **Part** | | | | | | | **N** | **Abn** |
| **Eating Habits** | | | | | Skin: Color, texture | | | | | | |  |  |
|  | | | | | Head: Symmetry, scalp, hair | | | | | | |  |  |
|  | | | | | Eyes: OM, pupils, cornea, conjunctiviae | | | | | | |  |  |
|  | | | | | Ears: Pinnae, canals, tympanic membranes | | | | | | |  |  |
| **General Health** | | | | | 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 | | | | | | |  |  |
| **Parents’ Description of child’s Temperament:** Adjustments to Home, Environment, Attention Span, Distractibility, Peer Relationships | | | | | 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 | | | | | | |  |  |
| **Problems Identified and Reviewed** | | | | | Spine: Posture, hip and shoulder levels | | | | | | |  |  |
|  | | | | | Extremities: Gait, range of motion of joints | | | | | | |  |  |
|  | | | | | Anus: Rectal | | | | | | |  |  |
|  | | | | | Sexual Development: (Describe) | | | | | | |  |  |
| **Physical and Emotional Status** | | | | | **Describe abnormal findings.** | | | | | | | | |
|  | | | | | **Parents Interactions with Child** Obs = Observed M = Mother  F = Father NO\* = Not observed here | | | | | | | | |
| **Diet** | | | | | **Activity** | | | | | | | **Obs** | **NO\*** |
|  | | | | | Makes eye contact | | | | | | |  |  |
| **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:** | | | | | 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 | | | | | | |  |  |
| **SIGNATURE** — Provider | | | Date Signed | | Gives simple, short directions/explanations | | | | | | |  |  |
|  | | |  | | Reinforces through approval and attention | | | | | | |  |  |
|  | | |  | | Terminates activity with some forewarning | | | | | | |  |  |
| Return to clinic in \_     \_\_ months. | | | | | Allows child to answer for self | | | | | | |  |  |
|  | | | | | Interrupts child’s conversation | | | | | | |  |  |
|  | | | | | Limits child’s exuberance | | | | | | |  |  |
|  | | | | | **Other Observations** | | | | | | | | |
|  | | | | | **Development and Parent-Child Interactions** | | | | | | | | |

**GENERAL PEDIATRIC CLINIC / ELEMENTARY SCHOOL VISIT ANTICIPATORY GUIDANCE FOR ELEMENTARY SCHOOL VISIT**

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**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.