

# Well Child | 6 Year Visit

Accompanied By:		Preferred Language:		Date/Time:	Name:		
Weight (%):	Height (%):	BMI (%):	BP (%):	ID Number:			
Vitals (if indicated): Temp:		HR:	Resp Rate:	SpO <sub>2</sub> :	Birth Date:	Age:	Sex: M F

## HISTORY

**Concerns and Questions:**  None

**Interval History:**  None

**Medical History:**  Child has special health care needs.

Areas reviewed and updated as needed

- Past Medical History (See Initial History Questionnaire.)
- Surgical History (See Initial History Questionnaire.)
- Problem List (See Problem List.)

**Medications:**  None

Reviewed and updated (See Medication Record.)

**Allergies:**  No known drug allergies

**Nutrition:**  Good appetite  Good variety

Daily fruits and vegetables: \_\_\_\_\_

Iron: Source: \_\_\_\_\_

Calcium: Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Comments:

**Dental Home:**  No  Yes: \_\_\_\_\_

Brushing twice daily:  Yes  No: \_\_\_\_\_

Fluoride:  In water source  Oral supplement  Other: \_\_\_\_\_

Sugar-sweetened beverages:  No  Yes

**Elimination:**  Regular soft stools: \_\_\_\_\_

**Sleep:**  No concerns

### Physical Activity:

Playtime (60 min/d):  Yes  No: \_\_\_\_\_

Screen time: h/d: \_\_\_\_\_

Source: \_\_\_\_\_ Quality monitored:  Yes  No

Family media use plan discussed:  Yes  No

**School:** Grade: \_\_\_\_\_ IEP/504/behavior plan:  Yes  No  NA

Performance:  NL \_\_\_\_\_

Parent/teacher concerns:  None

**Behavior:**  No concerns

Parent-child-sibling interaction:  NL \_\_\_\_\_

Cooperation:  Yes  No Oppositional behavior:  Yes  No

## DEVELOPMENT

= Normal development  See Previsit Questionnaire.

Caregiver concerns about development:  None  Yes: \_\_\_\_\_

### SOCIAL LANGUAGE AND SELF-HELP

- Cuts most foods with a knife
- Ties shoes
- Is dry day and night
- Chooses preferred foods
- Starts/continues conversations with peers
- Plays and interacts with at least one "best friend"

### VERBAL LANGUAGE

- Tells a story with a beginning, a middle, and an end
- Masters all consonant sounds and combinations, such as "d" or "ch"
- Counts 10 objects
- Can do simple addition and subtraction with objects

### GROSS MOTOR

- Rides a standard bike
- Hops on one foot 3 to 4 times
- Catches small ball with 2 hands

### FINE MOTOR

- Draws a 12-part person
- Prints 3 or more simple words without copying
- Writes first and last names in uppercase or lowercase letters

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The recommendations in this form do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original form included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this form and in no event shall the AAP be liable for any such changes.

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**SOCIAL AND FAMILY HISTORY**

Areas reviewed and updated as needed (See Initial History Questionnaire.):  Social History  Family History

Changes since last visit: \_\_\_\_\_  No interval change

Smoking household:  No  Yes: \_\_\_\_\_ Firearms in home:  No  Yes: \_\_\_\_\_

Observation of parent-child interaction: \_\_\_\_\_

Parents working outside home:  One parent  Both parents After-school care: \_\_\_\_\_

**REVIEW OF SYSTEMS**

A 10-point review of systems was performed and results were negative except for any positive results listed below.

**Bold** = Focus area for this Bright Futures Visit

Constitutional: \_\_\_\_\_ **Respiratory:** \_\_\_\_\_ **Skin:** \_\_\_\_\_

**Eyes:** \_\_\_\_\_ **Gastrointestinal:** \_\_\_\_\_ **Neurological:** \_\_\_\_\_

**Head, Ears, Nose, and Throat:** \_\_\_\_\_ Genitourinary: \_\_\_\_\_ Other: \_\_\_\_\_

**Cardiovascular:** \_\_\_\_\_ **Musculoskeletal:** \_\_\_\_\_ Other: \_\_\_\_\_

**PHYSICAL EXAMINATION**

= System examined **Bold** = Focus area for this Bright Futures Visit

Normal examination findings in text. Cross out abnormalities. Describe other findings in the area provided.

**General:** Well-appearing child. **Normal BMI and BP for age.** \_\_\_\_\_

Head: Normocephalic and atraumatic. \_\_\_\_\_

**Eyes:** Pupils equal, round, and reactive to light. **Extraocular eye movements intact.** Normal fundoscopic examination findings.

Ears, nose, **mouth**, and throat: Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth **without visible caries. No gingivitis. No malocclusion.**

Neck: Supple, with full range of motion and no significant adenopathy. \_\_\_\_\_

Heart: Regular rate and rhythm. No murmur. \_\_\_\_\_

Respiratory: Breath sounds clear bilaterally. Comfortable work of breathing. \_\_\_\_\_

Abdomen: Soft, with no palpable masses. \_\_\_\_\_

Genitourinary:

Normal female external genitalia. \_\_\_\_\_

Normal male external genitalia, with testes descended bilaterally. \_\_\_\_\_

Musculoskeletal: Spine straight. Full range of motion. \_\_\_\_\_

**Neurological: Normal gait. Fine motor skills appropriate for age.** \_\_\_\_\_

Skin: Warm and well perfused. No rashes or bruising. No atypical nevi or birthmarks. \_\_\_\_\_

Other comments: \_\_\_\_\_

**ASSESSMENT**

Well child  Normal interval growth (See growth chart.)  Normal BMI percentile for age  Normal BP percentile for age

Age-appropriate development

**ANTICIPATORY GUIDANCE**

Discussed and/or handout given

**SOCIAL DETERMINANTS OF HEALTH**

- Neighborhood and family violence
- Food security
- Family substance use
- Emotional security and self-esteem
- Connectedness with family

**DEVELOPMENT AND MENTAL HEALTH**

- Family rules and routines, concern for others, and respect for others
- Patience and control over anger

**SCHOOL**

- Readiness, established routines, school attendance, and friends
- After-school care and activities; parent-teacher communication

**PHYSICAL GROWTH AND DEVELOPMENT**

- Oral health
- Nutrition
- Physical activity

**SAFETY**

- Car safety
- Outdoor safety
- Water safety
- Sun protection
- Harm from adults
- Home fire safety
- Gun safety

**PLAN**

**Immunizations:**  Vaccine Administration Record reviewed      Administered today: \_\_\_\_\_  Up-to-date for age

**Universal Screening:**

Hearing: Result:  Unable to complete     Normal hearing BL     Abnormal: \_\_\_\_\_

Vision: Result:  Unable to complete     Normal vision for age     Abnormal: \_\_\_\_\_

**Selective Screening** (based on risk assessment) (See Previsit Questionnaire.):

Anemia     Dyslipidemia     Lead     Oral health     Tuberculosis

Comments/results:

**Follow-up:**

Routine follow-up at 7 years     Next visit: \_\_\_\_\_     Referral to: \_\_\_\_\_

PRINT NAME.	SIGNATURE
Provider 1	
Provider 2	

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*