

Today's Date: _____

Patient

Name: _____

FMP and Sponsor

SSN last four: _____

Contact Number: _____

Date of Birth: _____

5 YEAR WELL CHECK

Do you have any specific concerns today? _____

(Please complete information below: If filled out before, list only changes since the last visit.)

Chronic Medical Conditions	Surgeries/Hospitalizations (Dates)	Family History (biological siblings, parents, grandparents)	Medications (PLEASE INCLUDE DOSAGE)
		Allergies Asthma Other:	(Include over-the-counter meds, Tylenol, Motrin, vitamins, herbal supplements):

Please list any known allergies your child has (drug, food, latex) _____ ☐ No Allergies

Circle if anyone in the family has had: Genetic or Metabolic Disease Kidney Disease Deafness before age 5
Birth Defects Early Death or Sudden Unexplained Death of Infant or Child (to include SIDS)

Are your child's immunizations up to date? ☐ Yes ☐ No

Who does the child live with? _____

Does your child attend: ☐ Daycare ☐ Preschool ☐ Kindergarten ☐ Home- Schooled

Does anyone in the family smoke or is your child exposed to secondhand smoke? ☐ Yes ☐ No

Do you & and your child feel safe at home? ☐ Yes ☐ No

Is your child a picky eater? ☐ Yes ☐ No Servings of fruits and vegetables per day? ____ # of times per week eating fast food? ____

Usually eats dinner as a family? ☐ Yes ☐ No Eats breakfast as a family? ☐ Yes ☐ No

Drinks milk? ☐ Yes ☐ No How many ounces per day? ____ Type of milk: ☐ Whole ☐ 2% ☐ 1% ☐ Skim

Drinks juice? ☐ Yes ☐ No How many ounces per day? ____ Caffeinated beverages? ☐ Yes ☐ No How many per week? ____

Does your child get at least one hour of physical activity 5 time per week? ☐ Yes ☐ No Type of activity: _____

How many hours of exposure to TV/Video games/ Computer time does your child have per day? _____

Toilet training? ☐ Bladder trained ☐ Bowel trained ☐ Currently toilet training ☐ Haven't started

Circle if you have concerns about: Bowel movements / Constipation / Sleep problems

Check all the following that apply to your child:

Social/ Cognitive Communicative/ Physical Development	
<input type="checkbox"/> Speech is clear and understandable	<input type="checkbox"/> Balances on 1 foot for 10 seconds
<input type="checkbox"/> Counts to 10	
<input type="checkbox"/> Draws a person with 6 body parts or more	
<input type="checkbox"/> Copies a triangle or square	

Preferred Language: ☐ English ☐ Other: _____

What is your preferred method of learning: ☐ Verbal ☐ Written ☐ Visual ☐ Other: _____


Are there any cultural or religious considerations that may affect your child's healthcare? ☐ Yes ☐ No _____

Is your child enrolled in the Exceptional Family Member Program (EFMP/ Q-coded)? ☐ Yes ☐ No

Is the child's sponsor currently deployed? ☐ Yes ☐ No

Is this visit deployment related? ☐ Yes ☐ No

Today's Date: _____

HT		Snellen		Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No Location of Pain _____ 
WT		R	/ 20	
BP		L	/ 20	
HR		Both	/ 20	

Immunizations UTD per AFCITA: ☐ Yes ☐ No Technician Signature: _____

*Other VS per Provider request

HPI:

N E	Examination:	Normal	Abnormal
<input type="checkbox"/>	General:	<input type="checkbox"/> Active/Alert/WN/WD/NAD/ not dysmorphic	<input type="checkbox"/>
<input type="checkbox"/>	Head/Neck:	<input type="checkbox"/> NCAT/Nontender/FROM	<input type="checkbox"/>
<input type="checkbox"/>	Eyes:	<input type="checkbox"/> RR X2, nl corneal reflex, EOMI, no strabismus	<input type="checkbox"/>
<input type="checkbox"/>	R ear:	<input type="checkbox"/> TM gray/nl landmarks, nl pinna/ext ear canal	<input type="checkbox"/> Bulging/immobile/red
<input type="checkbox"/>	L ear:	<input type="checkbox"/> TM gray/nl landmarks, nl pinna/ext ear canal	<input type="checkbox"/> Bulging/immobile/red
<input type="checkbox"/>	Nose:	<input type="checkbox"/> Patent, No congestion/discharge	<input type="checkbox"/> Congested
<input type="checkbox"/>	Oropharynx:	<input type="checkbox"/> Pink, moist, no lesions <input type="checkbox"/> Teeth: NI, no signs of caries	<input type="checkbox"/>
<input type="checkbox"/>	Lungs:	<input type="checkbox"/> CTAB, no retractions, nl WOB	<input type="checkbox"/>
<input type="checkbox"/>	CV:	<input type="checkbox"/> RRR, no murmur, strong femoral pulses, cap refill < 2 sec	<input type="checkbox"/>
<input type="checkbox"/>	Abd:	<input type="checkbox"/> Soft, NT, no HSM, no mass, nl BS, no umbilical/inguinal hernia	<input type="checkbox"/>
<input type="checkbox"/>	Ext/Spine:	<input type="checkbox"/> NL, FROM, nontender, no edema, no lumbosacral pits	<input type="checkbox"/>
<input type="checkbox"/>	Skin:	<input type="checkbox"/> No rash, No bruises	<input type="checkbox"/>
<input type="checkbox"/>	Hips:	<input type="checkbox"/> Full ROM, Symmetric leg folds	<input type="checkbox"/>
<input type="checkbox"/>	Neuro:	<input type="checkbox"/> Normal tone/strength/symmetry	<input type="checkbox"/>
<input type="checkbox"/>	Genitalia:	<input type="checkbox"/> NI female/no adhesions <input type="checkbox"/> NI male, Testes down	
<input type="checkbox"/>	Other findings:	<input type="checkbox"/>	<input type="checkbox"/>

LABS/X-RAYS: ☐ H&H (12 months):

☐ Lead Screening (if applicable)

PLAN:

F/U: at next well child visit at _____ months, sooner if parental concerns

☐ Patient and/or parent verbalizes understanding of treatment and plan

☐ Anticipatory guidance handout provided

PREVENTION: ☐ Nutrition ☐ Dental care ☐ Safety/Falls ☐ Car Seat ☐ Child-proofing the house ☐ Tobacco avoidance

Signature: _____ Date: _____

Stamp:

RECORDS MAINTAINED AT:		
PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION

Child's Name: _____

Date: _____

Deployment, Safety, and Lead Screening Questionnaire

Deployment:

- | | |
|--|--------|
| 1. Is a parent currently deployed? | YES NO |
| 2. Is a parent under orders for deployment within the next three months? | YES NO |
| 3. Has a parent returned from a deployment with the last year? | YES NO |

Safety:

- | | |
|--|--------|
| 1. Are you in a relationship now or have you ever been in a relationship in which you have been harmed or felt afraid of your partner? | YES NO |
| 2. Has your partner ever hurt any of your children? | YES NO |
| 3. Are you afraid of your current partner? | YES NO |
| 4. Do you have any pets in the house? | YES NO |
| 5. Has your partner or child ever threatened or hurt any of the pets? | YES NO |
| 6. Are there any guns in your house? | YES NO |

Lead: (THESE QUESTIONS ARE INTENDED ONLY FOR CHILDREN AGE 6M-5Y)

- | | |
|---|-------------------|
| 1. Do you live in a high risk zip code? (List on back of form) | YES NO Don't know |
| 2. Does your child have a sibling or playmate who has had an elevated lead level? | YES NO Don't know |
| 3. Does your child live in a house that was built before 1950? | YES NO Don't know |
| 4. Live in or regularly visit a house, daycare center, or preschool that was built before 1978 which has peeling or chipping paint, or has undergone renovation or remodeling in past 6 M? | YES NO Don't know |
| 5. Live or spend time with someone whose job or hobbies involve exposure to lead? | YES NO Don't know |
| 6. (Example: Reloads ammunition, makes fishing weights, makes ceramics, makes stained glass, works at a firing range, works with industrial or shipboard paint removal, works with electrical or torch soldering, makes soft metal castings.) | YES NO Don't know |
| 7. Live or spend time near any location that you think might release lead (lead smelter, radiator shop, battery recycler, ect.)? | YES NO Don't know |
| 8. Live in or regularly visit a house, daycare unit, or preschool that was identified by a DOD Inspection team as a major risk for lead? | YES NO Don't know |

Virginia High-Risk Zip Codes*

Accomack	Augusta	Charlotte	Falls Church City	Hampton City	Lynchburg	Norfolk City	Poquoson	Rockingham	Surry
23301	22843	23923	22046	23651	23938	23503	23139	22811	23839
23302	22839	23934	Fauquier	23944	23944	23604	Prince Edward	22812	23846
23308	24430	23937	22639	23665	23952	23505	23901	22815	23881
23336	24432	23962	22843	Hanover	23974	23507	23942	22821	Sussex
23356	24437	23964	22734	23047	Lynchburg City	23508	Prince George	23867	23867
23357	24459	Charlottesville City	Floyd	23069	24501	23509	23842	22832	23888
23359	24467	22803	24072	Henrico	24503	23510	Prince William	22834	23890
23395	24476	24091	23226	23276	Madison	23511	22134	Isle of Wight	24602
23399	24479	23324	24105	23227	24504	23517	Pulaski	22841	24606
23404	24485	Clarke	23380	23229	22709	23523	24301	22846	24606
23407	24486	22611	Fluvanna	23230	22719	Northampton	24347	24471	24613
23409	Bath	22620	23022	23231	22727	23310	Radford City	Russell	24622
23410	24445	22663	23084	Henry	22732	23350	24141	24237	24651
23417	24460	Covington City	Franklin City	24089	Madisonville City	23354	Reppahanoek	24649	Virginia Beach City
23418	24484	24426	23851	Highland	24112	23405	22002	Suffolk	23521
23421	24487	Greene	22845	24413	Mathews	23413	22716	24245	Warren
23421	Bedford	24127	22854	24433	23021	Northumberland	22740	24250	22842
23426	24526	24131	24442	24433	23025	22435	22746	24251	22649
23440	Bland	Gulphur	24458	24458	23045	22473	22747	24258	Washington
23442	24315	22713	Fredericksburg City	24465	23066	22639	22749	Shenandoah	24236
Albemarle	Galax City	24468	24333	Isle of Wight	23109	22579	Richmond City	22644	24270
22901	24366	22716	Salem	23115	23130	Norton City	23219	22657	24340
22931	Bedford	22726	24086	James City	Blackburnburg	24273	23220	22680	Waynesboro City
22937	24066	22736	24093	23185	23915	Nottoway	23221	22664	22980
22943	24085	Cumberland	24094	King and Queen	23968	23824	23222	22810	Westmoreland
22947	24080	23027	24124	23073	23924	23922	23224	22824	22488
Bristol	Danville City	24128	24134	23108	Orange	23930	23225	22842	Winchester City
24201	24541	24640	24147	23156	Orange	22972	23225	22844	22601
Brunswick	Dickenson	23821	24147	23156	Midway	22972	Roanoke City	22847	Wise
22301	24226	24272	24150	23177	23079	Pace	24011	Smith	24216
22302	23858	24272	Gooseland	King George	23149	22650	24013	24316	24219
22305	23920	24289	23038	22446	23176	22835	24014	24319	24230
22314	Buchanan	Dinwiddie	23153	23009	23180	22849	24015	24370	24283
Allegheny	Buckingham	23830	Grassano	King William	Montgomery	22851	24016	24375	24285
24422	23936	23840	24292	23181	24138	Patrick	Rockbridge	Southampton	24293
Annalia	Buena Vista City	23850	24326	Lancaster	24148	24185	24435	23827	Wythe
23083	24416	23872	24330	22480	Nelson	Petersburg City	24439	23828	24312
Appomattox	Caroline	23894	24378	22503	22964	Pittsylvania	24472	23829	24322
23856	24427	Emmett	Greene	Lee	22969	24139	24473	23837	24323
Arlington	22201	22514	22935	24221	22971	24531	24483	23844	24350
22201	Carroll	22325	Hallifax	24265	24464	24594	24555	23866	24368
22203	24325	22454	24534	24277	24553	Potomac City	24578	23874	24382
22204	24343	22504	24539	Newport News City	23701	23702	24579	Staunton City	
22205	24352	22508	24577	Lexington City	23804	23704		Suffolk City	
22206		22507	24592	Louisiana	23807	23704		23432	
22207		Fairfax	24598	23024		23707		23434	
22211		22307							

* Areas with these ZIP Codes have >27% of housing built before 1950 and/or an increased prevalence of children with elevated blood lead levels per available data. ZIP Codes are from the 2000 U.S. Census. View <http://www.vahs.org/leadsale> for updates and information on childhood lead poisoning in Virginia and access to publications available to medical professionals, parents and others. Toll free phone (877) 668-7987.

BRIGHT FUTURES HANDOUT ► PARENT

5 AND 6 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to your family.



✓ HOW YOUR FAMILY IS DOING

- Spend time with your child. Hug and praise him.
- Help your child do things for himself.
- Help your child deal with conflict.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as SNAP can also provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs. If you're worried about a family member's use, let us know, or reach out to local or online resources that can help.

✓ FAMILY RULES AND ROUTINES

- Family routines create a sense of safety and security for your child.
- Teach your child what is right and what is wrong.
- Give your child chores to do and expect them to be done.
- Use discipline to teach, not to punish.
- Help your child deal with anger. Be a role model.
- Teach your child to walk away when she is angry and do something else to calm down, such as playing or reading.

✓ STAYING HEALTHY

- Help your child brush his teeth twice a day
 - After breakfast
 - Before bed
- Use a pea-sized amount of toothpaste with fluoride.
- Help your child floss his teeth once a day.
- Your child should visit the dentist at least twice a year.
- Help your child be a healthy eater by
 - Providing healthy foods, such as vegetables, fruits, lean protein, and whole grains
 - Eating together as a family
 - Being a role model in what you eat
- Buy fat-free milk and low-fat dairy foods. Encourage 2 to 3 servings each day.
- Limit candy, soft drinks, juice, and sugary foods.
- Make sure your child is active for 1 hour or more daily.
- Don't put a TV in your child's bedroom.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

✓ READY FOR SCHOOL

- Talk to your child about school.
- Read books with your child about starting school.
- Take your child to see the school and meet the teacher.
- Help your child get ready to learn. Feed her a healthy breakfast and give her regular bedtimes so she gets at least 10 to 11 hours of sleep.
- Make sure your child goes to a safe place after school.
- If your child has disabilities or special health care needs, be active in the Individualized Education Program process.

5 AND 6 YEAR VISITS—PARENT

✓ SAFETY

- Your child should always ride in the back seat (until at least 13 years of age) and use a forward-facing car safety seat or belt-positioning booster seat.
 - Teach your child how to safely cross the street and ride the school bus. Children are not ready to cross the street alone until 10 years or older.
 - Provide a properly fitting helmet and safety gear for riding scooters, biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
 - Make sure your child learns to swim. Never let your child swim alone.
 - Use a hat, sun protection clothing, and sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
 - Teach your child about how to be safe with other adults.
 - No adult should ask a child to keep secrets from parents.
 - No adult should ask to see a child's private parts.
 - No adult should ask a child for help with the adult's own private parts.
- Have working smoke and carbon monoxide alarms on every floor. Test them every month and change the batteries every year. Make a family escape plan in case of fire in your home.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately from the gun.
 - Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.

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

For more information, go to <https://brightfutures.aap.org>.

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