

Today's Date: _____

Patient

Name: _____

FMP and Sponsor

SSN last four: _____

Contact Number: _____

Date of Birth: _____

6 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: ☐ Child care ☐ Public/ Private school ☐ Home- Schooled (Grade: _____)

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

Do you & 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"/> Copies a triangle or square
<input type="checkbox"/> Counts to 10	<input type="checkbox"/> Balances on 1 foot for 10 seconds
<input type="checkbox"/> Draws a person with 6 body parts or more	

Check if your child has a history of: ☐ Trauma ☐ Head trauma ☐ Concussion ☐ Fractures ☐ Chest pain or discomfort

☐ Fainting during exercise ☐ Exercise intolerance ☐ Palpitations

Pre-Teen/ Females only (if applicable): Last menstrual period _____

Has your child been seen by a provider outside of the Medical home clinic since your last visit? ☐ Yes ☐ No

If yes, where? _____

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 _____       0 No Hurt 1 Hurts Little Bit 2 Hurts Little More 3 Hurts Even More 4 Hurts Whole Lot 5 Hurts Worst
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
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

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	Powhatan	Rockingham	Surry
23301	22843	23923	22046	23651	23938	23503	23139	22811	23839
23302	22939	23934	Fauquier	23961	23944	23504	Prince Edward	22812	23846
23308	24430	23937	22639	23665	23952	23505	23901	22815	23881
23336	24432	23962	22643	Hanover	23974	23507	23942	22820	Sussex
23366	24437	23964	22734	23069	Lynchburg City	23508	Prince George	22821	23857
23357	24459	22903	Floyd	23226	24501	23509	23942	22832	23868
23359	24467	24072	24091	23227	24503	23510	Prince William	22834	23890
23395	24476	24091	24105	23229	24504	23511	Pulaski	22841	Tazewell
23399	24479	24380	24390	23230	Madison	23517	24301	22846	24602
23404	24485	22611	Fluvanna	23231	22709	23523	24347	22853	24605
23407	24486	22620	23022	23231	22719	Northampton	Radford City	24471	24613
23409	24445	22663	23084	23231	22727	23310	Richmond City	Russell	24622
23410	24460	Covington City	Franklin City	24089	22732	23350	24141	24237	24651
23417	24484	24426	23851	Highland	22732	23354	Stafford	Stafford	Virginia Beach City
23418	24487	Craig	Fredricksburg City	24413	24112	23354	22716	24245	23521
23420	24526	24127	22845	24433	Mathews	23405	22740	24250	Warren
23421	24526	24131	22854	24442	23021	23413	22746	24251	22649
23426	24315	Culpeper	22401	24465	23025	Northumberland	22747	24258	Washington
23440	24318	22718	Galax City	24468	23045	22435	22749	24264	24236
23442	24366	22726	Giles	23315	23109	22539	Richmond City	22644	24270
Albemarle	24366	22729	24086	James City	23125	22579	23219	22657	24340
22901	Botetourt	22736	24093	23185	23130	24273	23220	22660	Waverly
22937	24066	23027	24094	King and Queen	Mecklenburg	Notoway	23221	22664	22960
22943	24085	24540	24124	23108	23915	23824	23222	22810	Westmoreland
22947	24090	24541	24128	23110	23924	23922	23223	22824	22488
22959	Bristol	24541	24147	23156	23968	23930	23224	22842	Winchester City
24590	Brunswick	Dickenson	24226	23177	23970	Orange	23225	22844	22601
22301	23821	24226	24272	King George	Middlesex	22972	Roanoke City	22847	Wise
22302	23868	24272	24289	22448	23079	22972	24011	24216	24216
22305	23920	24289	Dinwiddie	23181	23149	22972	24013	24219	24219
22314	Buchanan	24289	23830	22503	23176	22835	24014	24319	24230
Alleghany	24639	24289	Grayson	22935	23180	22849	24015	24370	24283
24422	Buckingham	24289	24292	24221	Montgomery	22851	24016	24375	24285
Annele	24416	24289	24326	24277	24138	Patrick	Rockbridge	24375	24293
Appomattox	24416	24289	24330	24277	24149	24185	24435	23827	24293
23958	Caroline	24289	24378	24277	Nelson	Petersburg City	24439	23828	24312
Arlington	22427	24289	24378	24277	22938	23803	24472	23829	24322
22201	22514	24289	24378	24277	22964	Pittsylvania	24473	23837	24323
22203	22514	24289	24378	24277	22969	24139	24483	23844	24350
22204	24325	24289	24378	24277	22971	24531	24555	23866	24368
22205	24343	24289	24378	24277	24464	24594	24578	23874	24382
22206	24352	24289	24378	24277	24553	Portsmouth City	24579	Staunton City	
22207		24289	24378	24277	23604	23702		24401	
22211		24289	24378	24277	23807	23704		Suffolk City	
		24289	24378	24277		23707		23432	
		24289	24378	24277				23434	

* 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.vhhs.org/leadinfo> 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) 568-7987.

Date: _____ Today your child saw: _____

NAVAL MEDICAL CENTER PORTSMOUTH PEDIATRICS

Weight: _____ kg (_____%) _____ lbs Blood Pressure: _____
Height: _____ cm (_____%) _____ in BMI: _____ (_____%)

Follow up with your PCM in _____ weeks / months or sooner if you have any further concerns.

☐ **Prescriptions provided today:**

- New Prescriptions TEXT Q-Anywhere: 833-217-2199
- Medication Refills call 757-953-6337(MEDS)

☐ **Labs ordered today:**

_____ (Please complete by _____)

(NMCP Laboratory-1L; Hours are 0700-1630; Walk-in Appts Only)

☐ **Radiology – X-rays/MRI/CT/Ultrasound ordered today:**

_____ (Please complete by _____)

(1st Floor South; X-rays by walk in appt 0700-1530; Call 953-XRAY to schedule for Ultrasound/CT/MRI)

☐ **Referrals ordered today:**

- Referrals to the MTF call 1-866-645-4584 in 48-72 hours to schedule your appointment
- Network referral status call Humana Military 1-800-444-5445 **OR** view referral status via MHS Genesis Patient Portal

☐ **Immunizations due today:**

(Call 1-866-645-4584 to schedule an Immunization appointment at one of the TPC Branch Clinics)

☐ **Additional Instructions:**

Important Phone Numbers:

- NMCP Pediatric Clinic (757)-953-7716
- Appointment Line: (866)-645-4584
- 24 hour Counseling Self-Referral Hotline: (800)-342-9647
- Infant and Toddler Connection of VA: (800)-234-1448
- Nurse Advice Line: (800)-TRICARE (option#1)
- Poison Control: (800)-222-1222
- Humana Military: (800)-444-5445
- NMCP Pediatrics Fax: 757-953-0868
- Fleet and Family: 757-444-6289(NAVY)
- Tricare: 1-877-2273 (TRICARE)



INTERACTIVE
CUSTOMER
EVALUATION

**SCAN TO
PRINT YOUR
FORMS AT
HOME!**

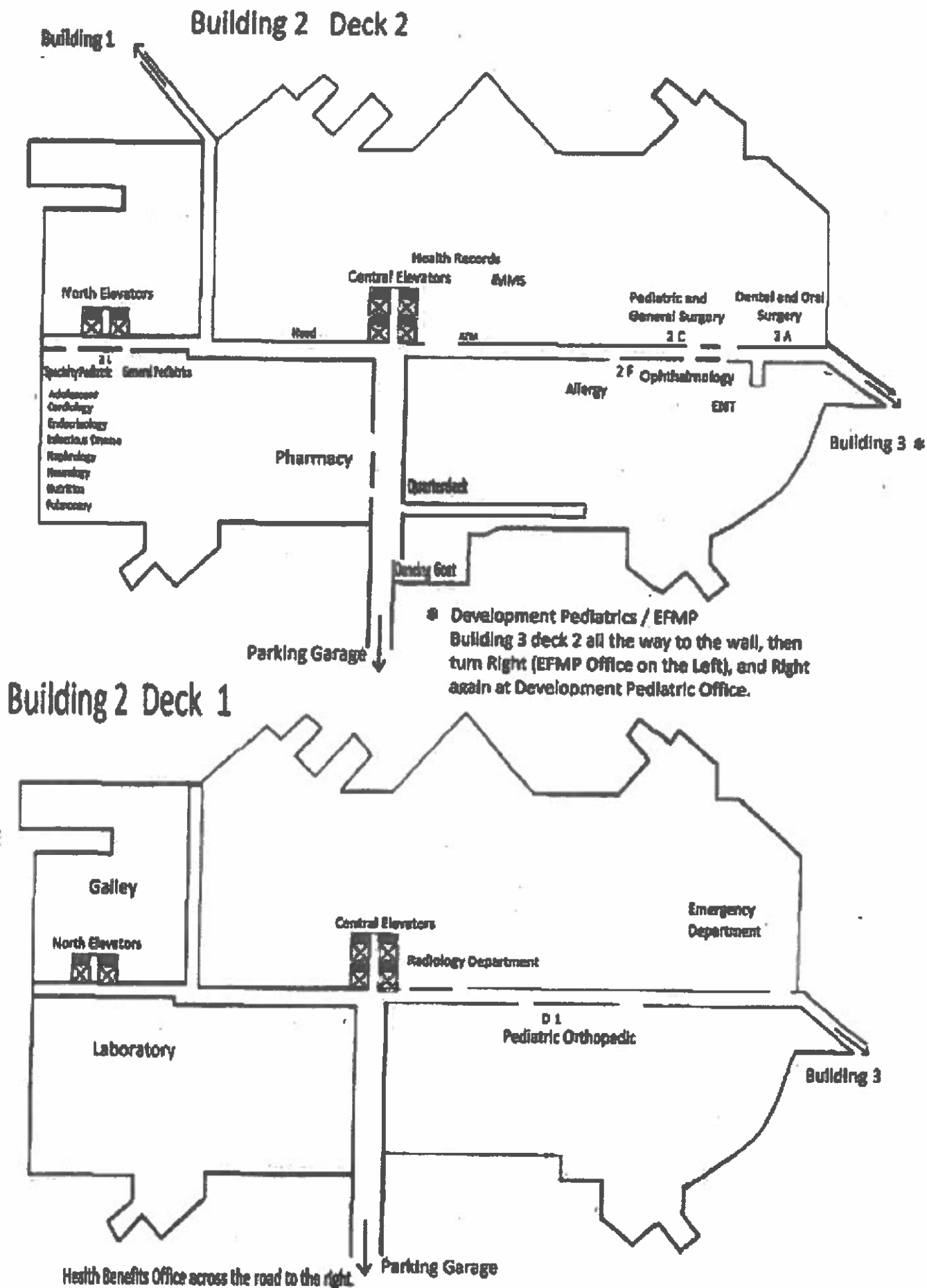


Additional Resources:

- **MHS Genesis Patient Portal:**
<https://myaccess.dmdc.osd.mil/identitymanagement/app/login>
- **Military Onesource**
 - <https://www.militaryonesource.mil/>
 - Counseling Services – 12 sessions without referral; 24 hour hotline (800)-342-9647
 - Optometry-NO referral required
- **Humana Military:** <https://www.humana.com>
- **Fleet and Family:** <https://www.navy.mwmidlant.com/>
- **Health Information:**
<https://healthychildren.org/English/Pages/default.aspx>

Date: _____

Today your child saw: _____



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.

Helpful Resources: Family Media Use Plan: www.healthychildren.org/MediaUsePlan

Smoking Quit Line: 800-784-8669 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

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>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

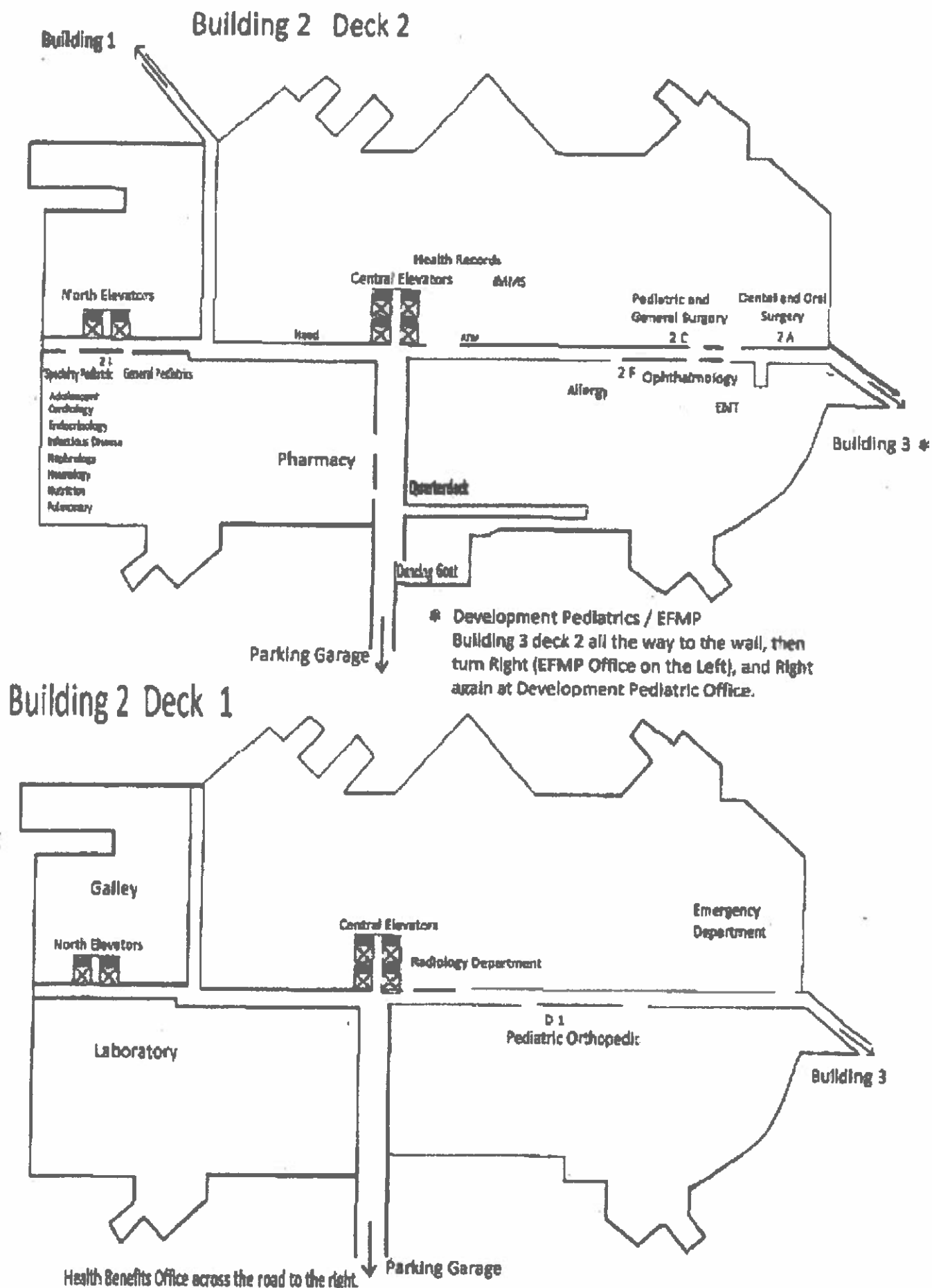
Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.

Date: _____

Today your child saw: _____



Date: _____ Today your child saw: _____

NAVAL MEDICAL CENTER PORTSMOUTH PEDIATRICS

Weight: _____ kg (_____ %) _____ lbs Blood Pressure: _____
Height: _____ cm (_____ %) _____ in BMI: _____ (_____ %)

Follow up with your PCM in _____ weeks / months or sooner if you have any further concerns.

☐ **Prescriptions provided today:**

- New Prescriptions TEXT Q-Anywhere: 833-217-2199
- Medication Refills call 757-953-6337(MEDS)

☐ **Labs ordered today:**

(Please complete by _____)

(NMCP Laboratory-1L: Hours are 0700-1630: Walk-in Appts Only)

☐ **Radiology – X-rays/MRI/CT/Ultrasound ordered today:**

(Please complete by _____)

(1st Floor South: X-rays by walk in appt 0700-1530: Call 953-XRAY to schedule for Ultrasound/CT/MRI)

☐ **Referrals ordered today:**

- Referrals to the MTF call 1-866-645-4584 in 48-72 hours to schedule your appointment
- Network referral status call Humana Military 1-800-444-5445 **OR** view referral status via MHS Genesis Patient Portal

☐ **Immunizations due today:**

(Call 1-866-645-4584 to schedule an Immunization appointment at one of the TPC Branch Clinics)

☐ **Additional Instructions:**

Important Phone Numbers:

- NMCP Pediatric Clinic (757)-953-7716
- Appointment Line: (866)-645-4584
- 24 hour Counseling Self-Referral Hotline: (800)-342-9647
- Infant and Toddler Connection of VA: (800)-234-1448
- Nurse Advice Line: (800)-TRICARE(option#1)
- Poison Control: (800)-222-1222
- Humana Military: (800)-444-5445
- NMCP Pediatrics Fax: 757-953-0868
- Fleet and Family: 757-444-6289(NAVY)
- Tricare: 1-877-2273 (TRICARE)



INTERACTIVE
CUSTOMER
EVALUATION

**SCAN TO
PRINT YOUR
FORMS AT
HOME!**



Additional Resources:

- **MHS Genesis Patient Portal:**
<https://myaccess.dmdc.osd.mil/identitymanagement/app/login>
- **Military Onesource**
 - <https://www.militaryonesource.mil/>
 - Counseling Services – 12 sessions without referral; 24 hour hotline (800)-342-9647
 - Optometry-NO referral required
- **Humana Military:** <https://www.humana.com>
- **Fleet and Family:** <https://www.navywmrmidlant.com/>
- **Health Information:**
<https://healthychildren.org/English/Pages/default.aspx>