

**GENERAL PEDIATRIC CLINIC / ELEMENTARY SCHOOL VISIT**

(See 2<sup>nd</sup> page for Anticipatory Guidance for Elementary School Visit)

Completion of this form is voluntary.

<b>Patient Name</b>		<b>Date of Birth</b>	<b>Age</b>	<b>Height</b>	<b>Weight</b>	<b>BMI</b>	<b>Today's Date</b>
<b>Accompanied by</b>						<b>BP</b>	
<b>Urinalysis</b>			<b>Urine Culture</b>			<b>Pulse</b>	
<b>Vision</b>	R. /	L. /	<b>Color</b>	<b>Hearing</b>	<b>Gross</b>	<b>Audiogram</b>	
<b>Parental Concerns</b>				<b>Adjustment to Clinic Visit</b>			
				<b>Mood</b>			
<b>Living Situation</b>				<b>Intensity to Reactions</b>			
<b>School and Grade: Adjustment</b>				<b>Speech and Language</b>			
<b>Extracurricular Activities: Hobbies, Sports</b>				<b>Dental Referral</b>			
<b>Eating Habits</b>				<b>Note – Present (+) or Absent (-) as Appropriate</b> (Cross off parts not examined or not applicable)			
<b>General Health</b>				<b>Part</b>	<b>N</b>	<b>Abn</b>	
				Skin: Color, texture			
				Head: Symmetry, scalp, hair			
				Eyes: OM, pupils, cornea, conjunctivae			
				Ears: Pinnae, canals, tympanic membranes			
				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			
<b>Parents' Description of child's Temperament: Adjustments to Home, Environment, Attention Span, Distractibility, Peer Relationships</b>				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			
<b>Problems Identified and Reviewed</b>				Spine: Posture, hip and shoulder levels			
				Extremities: Gait, range of motion of joints			
				Anus: Rectal			
				Sexual Development: (Describe)			
<b>Physical and Emotional Status</b>				<b>Describe abnormal findings.</b>			
				<b>Parents Interactions with Child</b> Obs = Observed      M = Mother F = Father      NO* = Not observed here			
<b>Diet</b>				<b>Activity</b>	<b>Obs</b>	<b>NO*</b>	
				Makes eye contact			
				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			
				Gives simple, short directions/explanations			
				Reinforces through approval and attention			
				Terminates activity with some forewarning			
				Allows child to answer for self			
				Interrupts child's conversation			
				Limits child's exuberance			
<b>SIGNATURE — Provider</b>				<b>Date Signed</b>			
Return to clinic in _____ months.				<b>Other Observations</b>			
				<b>Development and Parent-Child Interactions</b>			

## 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.