

**Four Seasons Pediatrics**  
Well Visit Form for 6 Year to 11 Year Well Visit

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

**School:**

- School District: \_\_\_\_\_
- Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

**School Issues – please check off all that are true:**

- Misses less than 2 days each month
- Currently doing well in school
- An adult is at home when he/she returns home from school
- Had a vision and hearing test in school within the last year – If yes was it normal \_\_\_\_\_

**Behavior – please check off all that are true:**

- Gets along with children his/her age
- No issues with bad behavior that needs to change
- Does not have to be spanked frequently
- No serious family problems

**Illnesses:**

- Has your child had any serious illnesses since the last check up? \_\_\_\_\_

**Social:**

- Do you have any concerns about meeting your daily needs, paying for medications, household income, food or housing, crime or other social and economic issues? \_\_\_\_\_
- Does anyone in the family have any vision, hearing or cognitive problems that would hinder communication with the medical provider? \_\_\_\_\_
- There are concerns with family mental health, substance abuse or firearms in the home. \_\_\_\_\_

**Other issues – please check off all that are true:**

- Both parents are living at home
- Brushes his/her teeth daily
- Taking fluoride

**Screening – Please check the box if any of the following are true:**

- My child has had exposure to tuberculosis or a person with a positive skin test
- There is a family history of high cholesterol of > 240 in either parent or grandparents
- There is a family history of heart disease before 55 in either parent or grandparents

**Vaccine Information Statements (Check One)**

- I will review the in-room copy
- I will review the on-line copy at your website
- I would like a paper copy



### Injury Prevention



The most common accidents that occur at this age:

- **Bikes and Roller Blades:** Wear a helmet and if on roller blades; we recommend elbow, wrist and kneepads.
- **Drowning:** Do not leave your child unsupervised in or near pools.
- **Fires:** Have a fire escape plan. Check smoke and carbon monoxide batteries during clock changes (twice a year).
- **Weapons:** We recommend not keeping weapons at home. If you feel you must, always store unloaded locked up with safeties on and ammo stored separately.

### Nutrition

Vitamin supplementation is not necessary according to the American Academy of Pediatrics.

- If your drinking water does not contain fluoride, your child should be taking 1 mg daily.
- Mealtime should be family time. TV should be off.



### Healthy Habits

Check TV for sexual content, violence, smoking, or other inappropriate behaviors.

- Teach your child to wash hands after using the bathroom and before eating.
- Limit TV, computer time and video games to 1-2 hours per day total.
- Stay active and promote exercise to your child

### Parenting

Teach your child his address, telephone number, and how to dial 911.

- Decide how and when to talk with your children about puberty, sexuality, tobacco, alcohol, and drugs. Start early and keep talking to keep the lines of communication open.
- Give praise and show affection. Hug daily.
- Consider swimming lessons.
- This is a good time to start an allowance and guidance on how to spend it.

### Adjusting to School

**Help Your Child Unwind After School:** Set aside some time every day to talk about how the school day was and what your child did and learned.

### Help Your Child Get Organized:

Set aside a “study space” with a desk or table with good lighting. Make sure it is not near the TV. Put a large wall calendar near the study space to help remember important dates. Help your child with organizing clothes, lunch, and homework the night before, not in the morning.

### Establish a Regular Homework Routine:

Set a fixed time each afternoon or evening for homework. Fifteen minutes to an hour before or after dinner is usually enough. Be available to encourage and help your child. Do NOT do the homework for him.

### Make Learning Important and Fun:

Ask questions, exchange ideas, and solve problems together. Have lots of books and games at home. Let your child see you enjoying new challenges, learning, and reading. Become involved in your child’s school. Make a commitment to go to school open houses, parent days, etc. Show an interest in your child’s progress in school. Celebrate achievements and encourage your child when necessary. Encourage reading. Make regular trips to the library.

### Next Visit

We recommend annual check up’s; if your insurance covers them. Physicals done in school last less than 5 minutes. We feel this is an important time to “connect” with your child about healthy issues.

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