

## Four Seasons Pediatrics

### Well Visit Form for 4 Year & 5 Year Well Visit

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

#### School Readiness – please check off all that are true:

- Pays good attention when you read a story
- Plays quietly by him/herself for over one-half hour
- Dresses self
- Speech is understandable to others
- Does not object if left with a sitter
- Has no issues with soiling him/herself

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

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

#### Illnesses:

If your child is on medicines, name them: \_\_\_\_\_

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

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

- Both parents are living at home
- Brushes his/her teeth daily
- Taking fluoride
- Concerns with family mental health, substance abuse or firearms in the home

#### 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
- My child spends a significant amount of time in a home built before 1960
- 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

Will your child be starting Kindergarten in the next school year? Please ask for a school form if so.

School District: \_\_\_\_\_

- Are there any concerns with barriers to understanding healthcare information?
- Are there any concerns with the family meeting its daily needs, paying for medications, crime or violence in the area or household income?



### 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 detector batteries during clock changes (twice a year).
- **Strangers:** Talk to your child about situations where a stranger may talk to them (e.g. Your mom told me to come pick you up)
- **Weapons:** We recommend not keeping weapons at home. If you feel you must, always store unloaded and with safeties on.

### Nutrition

Fiber is a common nutrient that lacks in American diets. As a guide your child should be eating their age + 5 grams of fiber per day. (e.g. at age 5 = 5 +5 or 10 grams per day.

- If your drinking water does not contain fluoride, your child should be taking 0.5 mg daily.
- Mealtime should be family time. TV should be off.

### Healthy Habits

Provide time for your child to play with others his age. Assign chores such as setting and cleaning the table; and tidying his room.

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

### Parenting

Encourage your child to be a good sleeper and sleep in his bed.

- Model affection for your child.
- Maintain a pleasant bedtime routine.

### Self Esteem

Your child carries a unique picture of himself. This is shaped from messages from parents and other significant people. Self-image is learned. Self esteem is the value a person places on their self image. Children with low self-esteem may refer to themselves as being “stupid” or “bad”. To improve self-image you can help by:

- Be a Good Role Model: Feel good about your accomplishments.
- Have Realistic Expectations of

Your Child: These lead to repeated successes, which raise self-esteem.

- Respect Your Child’s Unique Qualities: Find them and praise.
- Applaud Effort, Not Just Outcome
- Avoid Negative Comments

### School Readiness

Signs of school readiness include the following:

- Plays well with others
- Takes turns
- Follows simple directions
- Conforms to simple rules regarding behavior.
- Dresses himself.
- Able to separate from home for half a day.

### Next Visit

Your child’s next regular well visit is the 6-year-old visit.

### Our Website

Visit us on the web at [www.fourseasonspediatrics.com](http://www.fourseasonspediatrics.com).

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