

Naval Hospital Oak Harbor Prime Health Center  
Preschool (4yr-5yr) Well Child Visit

Date:  
Time:

Provider Note

Interval History:

Past Medical History:

Medications:

Allergies:

Immunizations:

Family/Social History Update:

- Development:  Hops  Copies Circle  Copies Cross  
 Draws person, 3 parts  Dresses without help  Speech all understandable  
 Complex sentences  Recognizes several colors  Balances on each foot > 2 seconds

Physical Exam

Weight: \_\_\_\_\_ kg \_\_\_\_\_ lb \_\_\_\_\_ %ile      Vital Signs       N/A      Pain: \_\_\_\_\_ (0-10)  
Length: \_\_\_\_\_ cm \_\_\_\_\_ in \_\_\_\_\_ %ile      Temp: \_\_\_\_\_      HR: \_\_\_\_\_  
Body Mass Index: \_\_\_\_\_ kg/m<sup>2</sup> \_\_\_\_\_ %ile      RR: \_\_\_\_\_      BP: \_\_\_\_\_  
O2 Sat: \_\_\_\_\_

- | <u>Nl</u>                | <u>Abn</u>               |                     |
|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | General Appearance: |
| <input type="checkbox"/> | <input type="checkbox"/> | Head:               |
| <input type="checkbox"/> | <input type="checkbox"/> | Eyes:               |
| <input type="checkbox"/> | <input type="checkbox"/> | ENT:                |
| <input type="checkbox"/> | <input type="checkbox"/> | Neck:               |
| <input type="checkbox"/> | <input type="checkbox"/> | Chest:              |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart:              |
| <input type="checkbox"/> | <input type="checkbox"/> | Abdomen:            |
| <input type="checkbox"/> | <input type="checkbox"/> | Genitals:           |
| <input type="checkbox"/> | <input type="checkbox"/> | Musculoskeletal:    |
| <input type="checkbox"/> | <input type="checkbox"/> | Skin:               |
| <input type="checkbox"/> | <input type="checkbox"/> | Neuro:              |

Vision Screening  
Right:  
Left:

Assessment

Plan

Anticipatory Guidance  
Immunizations: DTaP, IPV, MMR, Influenza  
Labs: Urinalysis  
Other:

Follow-up:

Addressograph

\_\_\_\_\_  
Examiner's Signature/Name Stamp

