

# WELL CHILD EXAM EARLY CHILDHOOD: 5 YEARS

Authority: P.A. 116 of 1973  
Completion: Required  
Consequences of non-completion:  
Non-compliance of licensing rules.

Michigan Department of Human Services

Well Child Exam Date		PARENT NAME	
PATIENT NAME		DOB	SEX
Allergies		Current Medications	
Prenatal/Family History			
Weight	Percentile %	Height	Percentile %
BMI	Percentile %	Temp.	Pulse
		Resp.	BP

**Interval History:**  
(Include injury/illness, visits to other health care providers, changes in family or home)

**Nutrition**

Grain \_\_\_\_\_ servings per day

Fruit/Vegetables \_\_\_\_\_ servings per day

Whole Milk \_\_\_\_\_ servings per day

Meats/Beans \_\_\_\_\_ servings per day

City water  Well water

Bottle Water

**Elimination**  Normal  Abnormal

**Exercise Assessment**

Physical Activity: \_\_\_\_\_ Minutes per day

**Sleep**

Normal (8-12 hours)  Abnormal

Additional area for comments on page 2

**Screening and Procedures**

Urinalysis (Required for Medicaid)

**Hearing**

Screening audiometry

Parental observation/concerns

**Vision**

Visual acuity \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ Both

Parental observation/concerns

**Developmental Screening**

Social Emotional  Communicative

Cognitive  Physical Development

**Psychosocial/Behavioral Assessment**

Yes  No

**Screening for Abuse**  Yes  No

**Screen If Risk:**

IPPD \_\_\_\_\_ (result)

Hct or Hgb \_\_\_\_\_ (result)

*If not previously tested:*

Lead level \_\_\_\_\_ mcg/dl (for 6 year olds- Required for Medicaid)

**Immunizations:**

Immunizations Reviewed, Given & Charted – *if not given, document rationale*

DTaP  IPV  MMR  Influenza

Varicella or Chicken Pox Date: \_\_\_\_\_

MCIR checked/updated

Acetaminophen \_\_\_\_\_ Mg. q. 4 hours

Patient Unclothed  Yes  No

Review of Systems	Physical Exam		Systems	
	N	A		N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

Abnormal Growth and Development  
If yes, see additional note area on next page

Results of visit discussed with child/parent  Yes  No

**Plan**

History/Problem List/Meds Updated

Referrals

Children Special Health Care Needs

Transportation

Other \_\_\_\_\_

Other \_\_\_\_\_

**Anticipatory Guidance/Health Education**  
(check if discussed)

**Safety**

Teach child to wash hands, wipe nose w/tissue

Working smoke detectors/fire escape plan

Appropriate booster seat placed in back seat

Carbon monoxide detectors/alarms

Pool/tub/water safety – swimming lessons

Use bike/skating helmet

Supervise near pets, mowers, driveways, streets

Gun safety

Child proof home – (matches, poisons, cigarettes, cleaners, medicines, knives)

**Nutrition/physical activity**

Provide a healthy breakfast every morning

Family meals.

Offer variety of healthy foods and include 5 servings of fruits & veggies every day

Limit TV, video, and computer games

Physical activity & adequate sleep

**Oral Health**

Schedule dental appointment

Supervise tooth brushing

Discuss flossing, fluoride, sealants

**Child Development and Behavior**

Establish routines and traditions

Explain good touch/bad touch and that certain body parts are private

Reinforce limits, provide choices

Simple household tasks & responsibilities

Praise good behavior and actions

Family Rules/Respect/Right from wrong

Encourage expression of feelings

**Family Support and Relationships**

Listen/respect/show interest in child's activities

Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression

Discuss community and recreational programs, school, and after school care

Volunteer and become involved with school

Meet your child's school teachers

Know child's friends and their families

Next Well Check: 6 years of age

Developmental Surveillance on Page 2  
Page 3 required for Foster Care Children

Medical Provider Signature: \_\_\_\_\_

**PAGE 2 – WELL CHILD EXAM – EARLY CHILDHOOD: 5 Years – Developmental Surveillance**  
**(This page may be used if not utilizing a Validated Developmental Screener)**

Date	Child's Name	DOB
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**Developmental Questions and Observations**

Ask the parent to respond to the following statements about the child:

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Please tell me any concerns about the way your child is behaving or developing |
| <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | My child does what I ask them to do most of the time.                          |
| <input type="checkbox"/> | <input type="checkbox"/> | My child says positive things about themselves.                                |
| <input type="checkbox"/> | <input type="checkbox"/> | My child's shows an ability to understand the feelings of others.              |
| <input type="checkbox"/> | <input type="checkbox"/> | My child can tell a story using full sentences.                                |
| <input type="checkbox"/> | <input type="checkbox"/> | My child follows simple directions.  |
| <input type="checkbox"/> | <input type="checkbox"/> | My child can recognize most letters and is able to print some letters.         |
| <input type="checkbox"/> | <input type="checkbox"/> | My child can balance on one foot.  |

Ask the parent to respond to the following statements:

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have people I can turn to when I have questions or need help |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel good about my child starting school.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I am sad more often than I am happy.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel confident in parenting.                                 |

Provider to follow up as necessary.

**Developmental Milestones**

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool).

Child Development	Parent Development				
	Yes	No		Yes	No
Dress without supervision	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline	<input type="checkbox"/>	<input type="checkbox"/>
Skips and hops	<input type="checkbox"/>	<input type="checkbox"/>	Parent is loving toward child	<input type="checkbox"/>	<input type="checkbox"/>
Draws a person with head, body, arms and legs	<input type="checkbox"/>	<input type="checkbox"/>	Positively talks, listens, and responds to child	<input type="checkbox"/>	<input type="checkbox"/>
Appears unusually fearful, anxious or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	Parent uses words to tell child what is coming next	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive or destructive behavior that threatens harms or damages people, animals or property	<input type="checkbox"/>	<input type="checkbox"/>	Parent encourages child to speak for him or her self, share ideas, wants and needs.	<input type="checkbox"/>	<input type="checkbox"/>
Displays negativity, low self-esteem, or extreme dependency					

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for health supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2

Medical Staff Signature	Medical Provider Signature
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**THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN  
PAGE 3 – WELL CHILD EXAM – EARLY CHILDHOOD: 5 Years**

Date	Child's Name	DOB
Name of person who accompanied child to appointment	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative Caregiver (specify relationship) <input type="checkbox"/> Caseworker	
Phone number of person who accompanied child to appointment		

**Physical completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements**

- Yes Please attach completed physical form utilized at this visit  
 No If no, please state reason physical exam was not completed

**Developmental, Psychosocial, and Behavioral Health Screenings (must use validated tool)**

Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Behavioral Screening completed: Date \_\_\_\_\_

Screener Used:  Pediatric Symptom Checklist (PSC)     ASQ     ASQSE     PEDS     PEDSDM (PEDS/DM)  
 Other tool: \_\_\_\_\_ Score: \_\_\_\_\_

Referral Needed:  No     Yes

Referral Made:  No     Yes    Date of Referral: \_\_\_\_\_ Agency: \_\_\_\_\_

Current or Past Mental Health Services Received:  No     Yes (if yes please provide name of provider)

Name of Mental Health Provider: \_\_\_\_\_

**EPSDT Abnormal results:**

**Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc.):**

Medical Staff Signature	Date	Medical Provider Name (Please print)
Address		Telephone Number

This form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Department of Human Services, Michigan Association of Health Plans, and Michigan Association of Local Public Health.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

## Provide child's caregiver/foster parent with handout.

### PARENT HANDOUT

#### Your Child's Health at 5 Years

##### Milestones

Ways your child is developing between 5 and 6 years of age.

- Recognizes her own printed name
- May form special groups of friends and may be jealous of others
- Takes turns
- Feels proud of himself and his accomplishments
- Helps with family chores
- Able to follow rules at home and school and respect authority
- Beginning to learn rules for simple games
- Riding a bicycle and learning to swim

##### For Help or More Information:

Child sexual abuse, physical abuse, information and support:

- Contact the Child Abuse and Neglect Information Hotline or Parents HELPLINE at 1-800-942-4357
- The Michigan Coalition Against Domestic & Sexual Violence at 1-517-347-7000 or online at [www.mcadsv.org](http://www.mcadsv.org)
- Childhelp National Child Abuse Hotline 1-800-4-A-CHILD (1-800-422-4453) or online at [www.childhelp.org](http://www.childhelp.org)

##### Age Specific Safety Information:

Call 1-202-662-0600 or go to <http://www.safekids.org/safety-basics/>

##### Domestic Violence hotline:

National Domestic Violence Hotline – (800) 799-SAFE (7233) or online at [www.ndvh.org](http://www.ndvh.org)

##### Car seat safety:

Contact the Auto Safety Hotline at 1-888-327-4236 or online at [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)

To locate a Child Safety Seat Inspection Station, call 1-866-SEATCHECK (866-732-8243) or online at [www.seatcheck.org](http://www.seatcheck.org)

##### Poison Prevention:

Call the Poison Control Center at 1-800-222-1222 or online at [www.mitoxic.org/pcc](http://www.mitoxic.org/pcc)

##### Parenting skills or support:

Call the Parents Hotline at 1-800-942-4357 or the Family Support Network of Michigan 15 1-800-359-3722.

##### For help teaching your child about fire safety:

Talk with firefighters at your local fire station.

##### Health Tips:

Continue to take your child for a check-up each year with a doctor or nurse.

Your child will still need you to help get all of their teeth brushed well. Make sure to take your child for a dental check-up at least once a year.

### Parenting Tips:

Eat together as often as possible. Turn off the TV and the phone, and enjoy each other.

Listen when your child talks to you. Look at him and pay attention. Then answer or ask about his ideas. Let him know that what he thinks and says is important to you.

Talk with your child about how to avoid sexual abuse. Teach your child about privacy and teach that adults shouldn't ask her to keep secrets from you or show their private parts or ask to see your child's private parts. Tell your child she should say "no" and that she should tell you if anyone tries to harm her.

Teach your child what to do and not do when they're angry.

Limit TV or computer time so your child also has time for books and active play. Read storybooks with him daily. Take your child outside often to play.

Help your child feel good about herself and others:

- Praise your child every day
- Be clear about behaviors that are okay or not okay.
- Help your child use words when she is feeling upset instead of hitting, kicking, biting or saying mean things
- Talk to your child about why teasing other children is wrong and what she should do instead

If you feel very mad or frustrated with your child:

1. Make sure your child is in a safe place and walk away.
2. Call a friend to talk about what you are feeling.
3. Call the free Parent Helpline at 1-800-942-4357 (in Michigan). They will not ask your name and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

### Safety Tips

Booster car seats are for big kids! Use a booster in the back seat with lap/shoulder belts.

Your child should always wear a lifejacket around water, even after he has learned to swim.

Your child should always wear a lifejacket around water, even after she has learned to swim.

Always watch your child closely when she is near the street. Children are not ready to ride bikes safely on streets or cross streets without an adult until they reach at least age 9. Your child is not old enough to always behave safely around vehicles.

Teach your child to never touch a gun. If your child finds one, she should tell an adult right away. Make sure any guns in your home are unloaded and locked up.

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From the Institute for Health Care Studies at Michigan State University.