Division of Medicaid Services F-01068J (08/2019)

Reprinted and adapted with permission from Memee K. Chun, M.D.

GENERAL PEDIATRIC CLINIC / PRESCHOOL VISIT

(See 2nd page for Anticipatory Guidance for Preschool)

Patient Name Date					Date of Birth	Birth Age Height Weight BMI To						oday's Date		
Accomp						BP								
Uringlug	Unima Cultura													
Urinalys	Urine Culture	ulture					Pulse							
Vision	R.	1	L.	1 (Color		ı	Hearing	Gross	Audiog	ram			
Parental	Adj	Adjustment to exam												
		Aveleto												
Diet and	Acti	Activity												
	Pers	Persistence — Attention Span												
Sleep: B	Dist	Distractibility												
	Spe	Speech and Language												
Activitie	Den	Dental Referral												
	20	25												
Sitter / Day Care / Nursery School: Name and hours Toilet Training: Day, night						Note – Present (+) or Absent (-) as Appropriate (Cross off parts not examined or not applicable)								
						Part							Abn	
						Skin: Color, texture Head: Symmetry, color, scalp, hair								
									njunctiviae, fundi					
Parents' Description of Activities with the Child: Temperament and Discipline Used. General Mood, Reaction to New Situations, Intensity of Reactions, Persistence / Attention Span, Distractibility, and Peer Relationships.						Ears: Pinnae, canals, tympanic membranes								
						Nose: Nares and turbinates Mouth: Tongue, gums, number of teeth ()								
						Throat: Pharynx, tonsils								
				ts, thyroid										
							Nodes: Axillary, Cervical Lungs							
Problem		Heart: Rhythm, S1, S2, murmur												
								our, mass	·					
									ırethral orifice, h					
						Neuromuscular: Equilibrium, motor strength, sensory coordination, cranial, nerves, DTRs, Babinsky								
						Spine: Posture, hip and shoulder levels								
						Extremities: Gait, range of motion of joints								
Physical and Emotional Status						Anus: Rectal Sexual Development: (Describe)								
						Describe abnormal findings.								
						Parents Interactions with Child O = Observed M = Mother								
						F = Father NO* = No							ed here	
Diet					0	NO*		Activity						
Anticina	tory Guidano	e Ohedience	discipline d	consistency of appr	nach			Makes eye con Fouches child	tact					
independ			_	Hovers over ch										
and pers				Spontaneously	neously identifies positive qualities									
Review to minor info	• от	Limits activity by verbal command Limits activity by physical action												
Immuniz									y physical action hort directions /		าร			
		J	-				F	Reinforces beh	avior with appro	val and atte				
						Terminates activity with some forewarning								
		Allows child to separate and check back Allows child to answer for self												
o Blood			_		s conversation									
SIGNATURE — Provider Date Signed							_	_imits child's ex						
						Other Observations								
Return to clinic in months.						Development and Parent-Child Interactions								

Independence, which began at birth and became apparent at the time walking started, is now manifested in everything the child does. Self-care should be encouraged, and by kindergarten the child should be able to dress and undress without help except for a few ties, buttons, and right versus left. Eating should be totally independent. Bathing and toileting need supervision, but the child should achieve some independence. In the process of learning selfcare, fine motor coordination may parallel motivation or be slower than desired by parents and/or child. Independence to the child will include many activities, which potentially may be harmful to objects and/or child. The parents must set firm limits and demand obedience when the child might be harmed. They should set definite limits and consequences. This is the age when some parents complain that "everything is a battle" and cannot give specific examples. To help modify a behavior, the parents need to acknowledge which behavior is most troublesome. Then they can monitor the antecedent to that behavior, describe the behavior (e.g., kicking table, screams, hits mother), and also write down the consequences — how the parents reacted, what they did, and how the behavior terminated. Data from the motoring sheets will help assess the cause of the problem and make plans on how to decrease and maybe eliminate the problem. Starting with one problem often teaches the parents to handle other problems.

Safety, Accidents and Poisoning

Leading causes of mortality and morbidity in this age group. Poisoning peaks in the 2-3 year explorer. Parents should be reminded to keep poisons out of reach. Labeling a poisonous substance with Mr. Yuk with the child's help is good educational activity, but it still should be put out of reach. Plants are frequently poisonous and medicines should never be called a candy.

As children mature in their gross motor activities, they wander further away from home. A 5 year old will need to be taught how to cross the street, how to direct himself to school and return, and how to avoid talking to or going with strangers. In the preschool years, the seeds are sewn for this knowledge, but the parent cannot trust the child to go out and play alone yet. Supervision is still necessary.

Sex identification becomes obvious to the child as they learn to compare what they see. A single child with a single parent of the same sex may not have the opportunity to make this comparison. In peer group playing, preschoolers do undress and compare themselves. This should be viewed by the parent as a learning experience, supplemented at home by books and simple explanations. Preschoolers are in the concrete stage of understanding and do not ask for long scientific explanations. Labeling by name and direct explanation of function suffices. If the child's questions are readily answered, more questions will come with more developed thinking.

Masturbation is discovered and enjoyed by the preschooler. Many parents seeing the child masturbate become very disturbed. They need to know this is a normal activity for children. The child does need to learn that it is usually not a socially acceptable activity and the parent should interrupt the child if they do it in public, but masturbation in itself will not harm the child.

Dental care includes brushing the teeth without or with a little toothpaste by the child and at regular intervals by the parent. The preschooler who adjusts easily to a new situation can be taken to the dentist for exploration and a quick look at the teeth. The dentist chosen needs to be able to adjust how much can be done with this child's temperament. Several visits may be necessary before a thorough check and fluoride prophylaxis treatment is actually given. Preparing the child, as for the physician's visit, may be very helpful.