



**WELL CHILD EXAM - EARLY  
CHILDHOOD: 4 YEARS**  
(Meets EPSDT Guidelines)

DATE \_\_\_\_\_

**EARLY CHILDHOOD: 4 YEARS**

<b>PARENT TO COMPLETE ABOUT THE CHILD</b>	CHILD'S NAME	BROUGHT IN BY	DATE OF BIRTH
	ALLERGIES		CURRENT MEDICATIONS
	ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST VISIT		TODAY I HAVE A QUESTION ABOUT:
	YES NO <input type="checkbox"/> <input type="checkbox"/> My child eats a variety of foods.	YES NO <input type="checkbox"/> <input type="checkbox"/> My child can hop on one foot.	
	<input type="checkbox"/> <input type="checkbox"/> My child gets along with other children.	<input type="checkbox"/> <input type="checkbox"/> My child can sing a song.	
	<input type="checkbox"/> <input type="checkbox"/> My child can dress self.		

WEIGHT KG./OZ. PERCENTILE	HEIGHT CM/IN. PERCENTILE	BLOOD PRESSURE
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Review of systems       Review of family history

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Screening:

	MHZ	R	L
Hearing Screen	4000 _____	_____	_____
	2000 _____	_____	_____
	1000 _____	_____	_____
	500 _____	_____	_____

Vision Screen                          20/ \_\_\_\_\_                  20/ \_\_\_\_\_

Development: Circle area of concern

Adaptive/Cognitive	Language/Communication
Gross Motor	Social/Emotional      Fine Motor
	N      A
Behavior	<input type="checkbox"/> <input type="checkbox"/> _____
Mental Health	<input type="checkbox"/> <input type="checkbox"/> _____

Physical:

General appearance	N <input type="checkbox"/> A <input type="checkbox"/>	Chest	N <input type="checkbox"/> A <input type="checkbox"/>
Skin	<input type="checkbox"/> <input type="checkbox"/>	Lungs	<input type="checkbox"/> <input type="checkbox"/>
Head	<input type="checkbox"/> <input type="checkbox"/>	Cardiovascular/Pulses	<input type="checkbox"/> <input type="checkbox"/>
Eyes	<input type="checkbox"/> <input type="checkbox"/>	Abdomen	<input type="checkbox"/> <input type="checkbox"/>
Ears	<input type="checkbox"/> <input type="checkbox"/>	Genitalia	<input type="checkbox"/> <input type="checkbox"/>
Nose	<input type="checkbox"/> <input type="checkbox"/>	Spine	<input type="checkbox"/> <input type="checkbox"/>
Oropharynx/Teeth	<input type="checkbox"/> <input type="checkbox"/>	Extremities	<input type="checkbox"/> <input type="checkbox"/>
Neck	<input type="checkbox"/> <input type="checkbox"/>	Neurologic	<input type="checkbox"/> <input type="checkbox"/>
Nodes	<input type="checkbox"/> <input type="checkbox"/>	Gait	<input type="checkbox"/> <input type="checkbox"/>

Describe abnormal findings and comments:

\_\_\_\_\_

\_\_\_\_\_

Diet \_\_\_\_\_

Elimination \_\_\_\_\_

Sleep \_\_\_\_\_

Review Immunization Record       Lead Exposure

Fluoride Supplements       Fluoride Varnish

Hct/Hgb \_\_\_\_\_       TB       Dental Referral

Health Education: (Check all discussed/handouts given)

Nutrition       Child Care       Development

Regular Physical Activities       Car Safety/ Booster Seat

Safety       Discipline/Limits/Rules       Books/Reading

Passive Smoking       Limit TV/Computer Time       Helmets

Other: \_\_\_\_\_

Assessment/Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NEXT VISIT: 5 YEARS OF AGE**

HEALTH PROVIDER SIGNATURE

HEALTH PROVIDER NAME

HEALTH PROVIDER ADDRESS

# Your Toddler's Health at 4 Years

## Milestones

### Ways your toddler is developing between 4 and 5 years of age.

Goes up and down stairs easily.

Skips.

Speaks in longer sentences.

Talks about what will happen tomorrow and what happened yesterday.

Can count on her fingers.

Recognizes some letters.

Remembers her address and telephone number.

Plays dress-up.

### You help your child learn new skills by playing with her.

## For Help or More Information

**Children's books on topics you find difficult to discuss:** Ask your local health department or a children's librarian at your public library.

**For help teaching your child about fire safety:** Talk with the firefighters at your local fire station.

**Parenting Skills or Support:** Family Help line, 1-800-932-HOPE (4673) Family Resources Northwest, 1-888-746-9568 Local Community College Classes

## Health Tips

Your child will need certain immunizations before starting school. Make sure you get them soon. If you have decided not to give your child certain vaccines, you will have to sign an exemption form.

Offer your child at least five small servings of fruits and vegetables every day. They are very healthy foods and make good snacks.

Help your child get enough sleep so she will be happier and will learn easier! Put her to bed early so she gets 10-12 hours of sleep at night. Have a bedtime routine to calm her. Read a story or talk together before bed.

## Parenting Tips

Encourage your child to use words to tell you why he is upset or sad. Show him how by doing this yourself.

Take time with your child every day to read, do a puzzle, or play an active game outside.

Children are naturally curious about their bodies. Simple, honest answers will help your child feel okay about his body. Use the real names for private parts.

## Safety Tips

Booster car seats are for big kids! Use a booster in the back seat with lap/shoulder belts until your child is tall enough for adult seat belts. Boosters soon will be required up to age 6 or 60 pounds.

Make sure your child knows her address and telephone number. Teach her how to call 911 in an emergency. Tell her to stay on the line if she has to call for help. Practice at home with a toy telephone.

Teach your child to stop, drop, and roll on the ground if his clothes catch on fire.

## Guidance to Physicians and Nurse Practitioners for Early Childhood (4 years)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

### Fluoride Screen

Fluoride supplements should be considered for all children drinking fluoride deficient (<0.6 ppm F) water. Before supplements are prescribed, it is essential to know the fluoride concentration of the patient's drinking water. Once the fluoride level of the water supply has been evaluated, either through contacting the public health officials or water analysis, as well as evaluating other sources of fluoride, the daily dosage schedule can be recommended. Pediatric Dentistry: Reference Manual 1999--00.(21)5.

### Lead Screen

Screen children for these risk factors:

- Live in or frequently visit day care center, preschool, baby sitter's home or other structure built before 1950 that is dilapidated or being renovated.
- Come in contact with other children with known lead toxicity (i.e., blood lead 15 ug/dl).
- Live near a lead processing plant or with parents or household members who work in a lead-related occupation (e.g., battery recycling plant).

### Developmental Milestones

Always ask about and follow-up on parent concerns about development or behavior. You may use the following screening list, or use the Ages and Stages Questionnaire, the Denver II, or the MacArthur Communication Development Inventory.

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Dresses with supervision.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Plays games with other children (e.g., tag).</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Says what to do when tired, cold, hungry.</u>    |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Says first and last name when asked.</u>         |
| <input type="checkbox"/> | <input type="checkbox"/> | Walks up and down stairs, alternating feet.         |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Balances on each foot for 2 seconds.</u>         |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies a circle.                                    |

Inappropriate play with toys/no pretend play.
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**Instructions for developmental milestones:** At least 90% of children should achieve the underlined milestones by this age. If you have checked "no" on any two items, on *even one* of the underlined items, or if you have checked the **boxed item** (abnormal behavior at this age), refer the child for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies (1-800-322-2588) with questions or concerns on childhood development.**