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DATE: _____	3 YEARS	DATE: _____	4 YEARS	DATE: _____	5-6 YEARS
AGE: _____	WEIGHT: _____	TEMP: _____	AGE: _____	WEIGHT: _____	TEMP: _____
HEIGHT: _____			HEIGHT: _____		
<u>INTERVAL HISTORY</u>		<u>INTERVAL HISTORY</u>		<u>INTERVAL HISTORY</u>	
<u>DIET</u>		<u>DIET</u>		<u>DIET</u>	
<u>DEVELOPMENT</u>		<u>DEVELOPMENT</u>		<u>DEVELOPMENT</u>	
1. PEDALS TRICYCLE		1. DRESSES WITH SUPERVISION (3.5 YR.)		1. RECOGNIZES 3 COLORS (4.9 YR.)	
2. USES PLURALS		2. GIVE FIRST AND LAST NAME (3.8 YR.)		2. HOPS ON ONE FOOT (4.9 YR.)	
3. WASHES AND DRIES HANDS		3. BUTTONS UP (4.2 YR.)		3. DRAWS A MAN, 3 PARTS (5.2 YR.)	
4. COPIES CIRCLE (3.3 YR.)		4. COPIES SQUARE (4.4 YR.)		4. COPIES SQUARE (6.0 YR.)	
<u>PHYSICAL EXAMINATION</u> Abnormalities		<u>PHYSICAL EXAMINATION</u> Abnormalities		<u>PHYSICAL EXAMINATION</u> Abnormalities	
Gen.App. <input type="checkbox"/>	<input type="checkbox"/>	Gen.App. <input type="checkbox"/>	<input type="checkbox"/>	Gen.App. <input type="checkbox"/>	<input type="checkbox"/>
Skin <input type="checkbox"/>	<input type="checkbox"/>	Skin <input type="checkbox"/>	<input type="checkbox"/>	Skin <input type="checkbox"/>	<input type="checkbox"/>
Head <input type="checkbox"/>	<input type="checkbox"/>	Head <input type="checkbox"/>	<input type="checkbox"/>	Head <input type="checkbox"/>	<input type="checkbox"/>
Nodes <input type="checkbox"/>	<input type="checkbox"/>	Nodes <input type="checkbox"/>	<input type="checkbox"/>	Nodes <input type="checkbox"/>	<input type="checkbox"/>
ENT <input type="checkbox"/>	<input type="checkbox"/>	ENT <input type="checkbox"/>	<input type="checkbox"/>	ENT <input type="checkbox"/>	<input type="checkbox"/>
Chest <input type="checkbox"/>	<input type="checkbox"/>	Chest <input type="checkbox"/>	<input type="checkbox"/>	Chest <input type="checkbox"/>	<input type="checkbox"/>
Lungs <input type="checkbox"/>	<input type="checkbox"/>	Lungs <input type="checkbox"/>	<input type="checkbox"/>	Lungs <input type="checkbox"/>	<input type="checkbox"/>
Heart <input type="checkbox"/>	<input type="checkbox"/>	Heart <input type="checkbox"/>	<input type="checkbox"/>	Heart <input type="checkbox"/>	<input type="checkbox"/>
Abdom. <input type="checkbox"/>	<input type="checkbox"/>	Abdom. <input type="checkbox"/>	<input type="checkbox"/>	Abdom. <input type="checkbox"/>	<input type="checkbox"/>
Ext.Gen. <input type="checkbox"/>	<input type="checkbox"/>	Ext.Gen. <input type="checkbox"/>	<input type="checkbox"/>	Ext.Gen. <input type="checkbox"/>	<input type="checkbox"/>
Back <input type="checkbox"/>	<input type="checkbox"/>	Back <input type="checkbox"/>	<input type="checkbox"/>	Back <input type="checkbox"/>	<input type="checkbox"/>
Extrem. <input type="checkbox"/>	<input type="checkbox"/>	Extrem. <input type="checkbox"/>	<input type="checkbox"/>	Extrem. <input type="checkbox"/>	<input type="checkbox"/>
Neurol. <input type="checkbox"/>	<input type="checkbox"/>	Neurol. <input type="checkbox"/>	<input type="checkbox"/>	Neurol. <input type="checkbox"/>	<input type="checkbox"/>
<u>PROBLEMS (with plans/referrals)</u>		<u>PROBLEMS (with plans/referrals)</u>		<u>PROBLEMS (with plans/referrals)</u>	
<u>IMMUNIZATIONS</u>		<u>IMMUNIZATIONS</u>		<u>IMMUNIZATIONS</u>	
<u>TEACHING</u>		<u>TEACHING</u>		<u>TEACHING</u>	
1. Play Characteristics and needs		1. Behavior less complaint than 3 year olds		1. Characteristics of this age: E.G. slow physical growth, increasingly realistic, adherence to "rule," mimicking adults.	
2. Obedience and discipline		2. Need for variety of play materials		2. School readiness (attention span, separation from parents, fine motor development, understanding of safety)	
3. Need for some adult regulation of play, sleep, etc.		3. Incessant curiosity and questions		3. Nutrition Counseling/Caloric Control	
4. Sex education		4. New fears and worries (dark, animals, violence, etc.)			
5. Nutrition Counseling/Caloric Control		5. Nutrition Counseling/Caloric Control			
Appointment to next Clinic _____		Appointment to next Clinic _____		Appointment to next Clinic _____	
Signature: _____		Signature: _____		Signature: _____	

ADDRESSOGRAPH

**WELL BABY CLINIC
3-4-5-6 YEARS**

IHS-5-6
1/89