

3 to 5 Day

Tennessee Chapter

INCORPORATED IN TENNESSEE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Form revised 07/2025

Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm W/L _____ %tile Head circ. _____ cm Temp. _____ AX REC

B/P if indicated _____ / _____

Nutrition

Breast _____ min. q. _____ hrs.

Formula _____ oz. q. _____ hrs.

Brand _____

Water: city well spring bottled

Wet Diapers Per Day _____

Strong stream (if Male)? Yes No

Stools per day _____

WIC Yes No

Problems

Constipation Yes No

Sleep Yes No

Spitting up Yes No

Excessive crying Yes No

Other Problems: _____

Family History _____

Social History _____

Hearing Risk Assessment

Responds to sounds Yes No

Newborn hearing screen:

Passed Repeat scheduled _____

Vision Risk Assessment

Looks at parent's face Yes No

Newborn Metabolic/Hemoglobinopathy

Screening Normal Repeat

Pending

Critical Congenital Heart Disease

Normal Repeat Pending

Newborn Bilirubin

Normal Repeat Pending

Hepatitis B Risk Assessment

Yes No

Developmental Surveillance

Yes No

Concerns? _____

Psychosocial/Behavioral Surveillance

Yes No

Concerns? _____

Nurse y DC Note Reviewed:

Yes No

Notes:

Physical Exam

Undressed: yes no

General ----- nl abnl

Head----- nl abnl

Fontanel ----- nl abnl

Neck----- nl abnl

Eyes ----- nl abnl

Red reflex----- nl abnl

Ears ----- nl abnl

Nose ----- nl abnl

Throat/Mouth --- nl abnl

Lungs----- nl abnl

Heart----- nl abnl

Abdomen ----- nl abnl

Femoral Pulses --- nl abnl

Umbilical Cord--- nl abnl

Spine ----- nl abnl

Extremities----- nl abnl

Hips ----- nl abnl

Skin ----- nl abnl

Neuro----- nl abnl

Genitalia

Female----- nl abnl

Male ----- nl abnl

Testes ----- nl abnl

Circ. ----- nl abnl

Safety

Car seat, facing backwards

Smoke free environment

Smoke detectors in home

Hot water < 120 degrees

No bottle propping

Safe sleep/sleep on back

Crib safety, no blankets, 2-inch slats

Firm well fitting crib mattress

Never shake the baby

Health

If bottle fed ↑ feedings 26 – 32 oz per day

Sponge bathe

Cord, circumcision care

Bowel movements

Fever > 100.4

Discuss breastfeeding

No solids until 6 months

Discuss Well visit schedule

No Honey

Social/Behavioral

Parent/Child interaction

Sleep

Cuddle, talk, rock

Support for mother

Who makes up family

Impression

Well Newborn

Premature Infant

Jaundice

Plan/Referrals

Immunizations current? Yes No

Hep B #1 (if indicated)

Counseling

Influenza/TdaP for caregivers

Vitamin D if breastfed 400 IU/D

Lactation consult

RTC at 1 month _____

Parent declination of treatment _____

Referrals _____

_____ M.D. / P.N.P. / DO / PA

2 to 4 Week Visit

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Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm W/L _____ %tile Head circ. _____ cm Temp. _____ AX REC

B/P if indicated _____ / _____

Nutrition

Breast _____ min. q. _____ hrs.

Formula _____ oz. q. _____ hrs.

Brand _____

Water: city well spring bottled
WIC Yes No

Inter val Hist or y/New Problems

Change in family history? Yes No

Change in social history? Yes No

If Yes, what? _____

Are there new problems or illnesses since
the last visit? Yes No

If Yes, what? _____

Constipation Yes No

Sleep Yes No

Spitting up Yes No

Stuffy nose Yes No

Colic Yes No

Other Problems: _____

Hearing Risk Assessment

Responds to sounds Yes No

Newborn hearing screen:

Passed Repeat scheduled _____

Vision Risk Assessment

Looks at parent's face Yes No

Follows with eyes Yes No

Newborn Metabolic/Hemoglobinopathy
Screening Normal Repeat Pending

Hepatitis B Risk Assessment

Yes No

TB Risk Assessment _____ +

Developmental Surveillance

Yes No

Concerns? _____

Psychosocial/Behavioral Surveillance

Yes No

Concerns? _____

Maternal Postpartum
Depression Screen _____ +

Physical Exam

Undressed: yes no

General ----- nl abnl

Head ----- nl abnl

Fontanel ----- nl abnl

Neck ----- nl abnl

Eyes ----- nl abnl

Red reflex ----- nl abnl

Ears ----- nl abnl

Nose ----- nl abnl

Throat/Mouth --- nl abnl

Lungs ----- nl abnl

Heart ----- nl abnl

Abdomen ----- nl abnl

Femoral Pulses --- nl abnl

Umbilical Cord --- nl abnl

Spine ----- nl abnl

Extremities ----- nl abnl

Hips ----- nl abnl

Skin ----- nl abnl

Neuro ----- nl abnl

Genitalia

Female ----- nl abnl

Male ----- nl abnl

Testes ----- nl abnl

Circ. ----- nl abnl

Safety

Car seat, facing backwards

Smoke free environment

Smoke detectors in home

Hot water < 120 degrees

No bottle propping

Safe sleep/sleep on back

Crib safety: 2-inch slats, no objects in bed

Never shake the baby

Health

If bottle fed, 26 – 32 oz per day

If breast fed, nurses 8-10 times/day

Delay solids

Bowel movements

Strong urinary stream if male

Fever

No Honey

Social/Behavioral

Temperment

Sleep

Talk to baby

Support for mother

Impression

Well Newborn

Normal Growth

Normal Development

Plan/Referrals

Immunizations current? Yes No

Influenza/Tdap for caregivers

Hep B

Counseling

Vitamin D if breast fed 400 IU/D

One month Handout sheet

PPD if at risk

RTC at 2 months

Parent declination of treatment _____

Referrals _____

_____ M.D. / P.N.P. / DO / PA

Two Month Visit

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Form revised 07/2025

Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm W/L _____ %tile Head circ. _____ cm Temp. _____ AX REC

B/P if indicated _____ / _____

Nutrition

Breast _____ min. q. _____ hrs.

Formula _____ oz. q. _____ hrs.

Brand _____

Water: city well spring bottled

WIC Yes No

Inter val Hist or y/New Problems

Change in family history? Yes No

Change in social history? Yes No

If Yes, what? _____

Are there new problems or illnesses since the last visit? Yes No

If Yes, what? _____

Constipation Yes No

Sleep Yes No

Spitting up Yes No

Stuffy nose Yes No

Colic Yes No

Diaper rash Yes No

Other Problems: _____

Hearing Risk Assessment

Responds to sounds Yes No

Smiles and laughs Yes No

Newborn hearing screen:

Passed Repeat scheduled Not done

Vision Risk Assessment

Looks at parent's face Yes No

Follows with eyes Yes No

Newborn Metabolic/Hemoglobinopathy Screening:

Normal Repeat Pending

Hepatitis B Risk Assessment

Yes No

Developmental Surveillance

Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

Yes No Concerns? _____

Maternal Postpartum

Depression Screen _____ +

Physical Exam

Undressed: yes no

General ----- nl abnl

Head ----- nl abnl

Fontanel ----- nl abnl

Neck ----- nl abnl

Eyes ----- nl abnl

Red reflex ----- nl abnl

Alignment ----- nl abnl

Ears ----- nl abnl

Nose ----- nl abnl

Throat/Mouth --- nl abnl

Lungs ----- nl abnl

Heart ----- nl abnl

Abdomen ----- nl abnl

Femoral Pulses --- nl abnl

Spine ----- nl abnl

Extremities ----- nl abnl

Hips ----- nl abnl

Skin ----- nl abnl

Neuro ----- nl abnl

Genitalia

Female ----- nl abnl

Male ----- nl abnl

Testes ----- nl abnl

Safety

Car seat, facing backwards

Smoke free environment

Smoke detectors in home

Hot water < 120 degrees

No bottle propping

Safe sleep/sleep on back

Crib safety

Rolling over, prevent falls

Health

If bottle fed, 26 – 32 oz per day

If breast fed, nurses 8-10 times/day

Delay solids

Bowel movements

Strong urinary stream if male

Fever

No Honey

Social/Behavioral

Temperment

Sleep

Talk to baby

Support for mother

Impression

Well Newborn

Normal Growth

Normal Development

Plan/Referrals

Immunizations current? Yes No

Influenza/Tdap for caregivers

Hep B, Rotavirus, DTaP, Hib, PCV-13, IPV

Counseling

Acetaminophen _____ mg. q. 4-6 hrs.

Vitamin D if breast fed 400 IU/D

Two month Handout sheet

RTC at 4 months

Parent declination of treatment _____

Referrals _____

_____ M.D. / P.N.P. / DO / PA

Four Month Visit

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Form revised 07/2025

Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm W/L _____ %tile Head circ. _____ cm Temp. _____ AX REC

B/P if high risk: _____ / _____

Nutrition

Breast _____ min. q. _____ hrs.

Formula _____ oz. q. _____ hrs.

Brand _____

Water: city well spring bottled

WIC Yes No

Hepatitis B Risk Assessment

Yes No

Anemia Risk Assessment

Preterm _____ Low birth weight _____ +

Breast feeding _____

Interval History/New Problems

Change in family history? Yes No

Change in social history? Yes No

If Yes, what? _____

Are there new problems or illnesses since the last visit? Yes No

If Yes, what? _____

Constipation Yes No

Sleep Yes No

Spitting up Yes No

Diaper rash Yes No

Other Problems: _____

Speech/Hearing Risk Assessment

Responds to sounds Yes No

Babbles and coos Yes No

Vision Risk Assessment

Looks at parent's face Yes No

Follows with eyes Yes No

Developmental Surveillance

Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

Yes No Concerns? _____

Maternal Postpartum

Depression Screen _____ +

Physical Exam

Undressed: yes no

General ----- nl abnl

Head ----- nl abnl

Fontanel ----- nl abnl

Neck ----- nl abnl

Eyes ----- nl abnl

Red reflex ----- nl abnl

Alignment ----- nl abnl

Ears ----- nl abnl

Nose ----- nl abnl

Throat/Mouth --- nl abnl

Lungs ----- nl abnl

Heart ----- nl abnl

Abdomen ----- nl abnl

Femoral Pulses --- nl abnl

Spine ----- nl abnl

Extremities ----- nl abnl

Hips ----- nl abnl

Skin ----- nl abnl

Neuro ----- nl abnl

Genitalia

Female ----- nl abnl

Male ----- nl abnl

Testes ----- nl abnl

Safety

Car seat, facing backwards

Smoke free environment

Smoke detectors in home

Hot water < 120 degrees

No bottle propping

Roll over, fall prevention

Bath safety

Safe sleep/sleep on back

No baby walkers

Child proof home

Health

If bottle fed, 26 – 32 oz per day

If breast fed, nurses 8-10 times/day

Introduce solids

Avoid honey

Teething

Social/Behavioral

Temperament

Sleep, bedtime routine

Talk, read to baby

Family support

Impression

Well Baby

Normal Growth

Normal Development

Plan/Referrals

Immunizations current? Yes No

Hep B, Rotavirus, DTaP, Hib, PCV-13, IPV

Counseling

Acetaminophen _____ mg. q. 4-6 hrs.

Vitamin D if breast fed 400 IU/D

Four month Handout sheet

RTC at 6 months

If low iron consider supplementation

Hgb if at risk

Parent declination of treatment _____

Referrals _____

M.D. / P.N.P. / DO / PA

Six Month Visit

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Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm W/L _____ %tile Head circ. _____ cm Temp. _____ AX REC

B/P if high risk: _____ / _____

Nutrition

Breast _____ min. q. _____ hrs.

Formula _____ oz. q. _____ hrs.

Brand _____

Cereal/baby food Yes No

Water: city well spring bottled

fluoridated

WIC Yes No

Interval History or New Problems

Change in family history? Yes No

Change in social history? Yes No

If Yes, what? _____

Are there new problems or illnesses since the last visit? Yes No

If Yes, what? _____

Constipation Yes No

Sleep Yes No

Diaper rash Yes No

Speech/Hearing Risk Assessment

Responds to sounds Yes No

Jabbers and laughs Yes No

Vision Risk Assessment

Looks at parent's face Yes No

Follows with eyes Yes No

Hepatitis B Risk Assessment

Yes No

Dental Risk Assessment — +

TB Risk Assessment — +

Lead Risk Assessment — +

Developmental Surveillance

Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

Yes No Concerns? _____

Maternal Postpartum

Depression Screen — +

Physical Exam

Undressed: yes no

General ----- nl abnl

Head ----- nl abnl

Fontanel ----- nl abnl

Neck ----- nl abnl

Eyes ----- nl abnl

Red reflex ----- nl abnl

Alignment ----- nl abnl

Ears ----- nl abnl

Nose ----- nl abnl

Throat/Mouth --- nl abnl

Lungs ----- nl abnl

Heart ----- nl abnl

Abdomen ----- nl abnl

Femoral Pulses --- nl abnl

Spine ----- nl abnl

Extremities ----- nl abnl

Hips ----- nl abnl

Skin ----- nl abnl

Neuro ----- nl abnl

Genitalia

Female ----- nl abnl

Male ----- nl abnl

Testes ----- nl abnl

Safety

Car seat, facing backwards

Smoke free environment

Smoke detectors in home

Hot water < 120 degrees

Always supervise bath

Rolling over, fall prevention

Safe sleep/sleep on back

No baby walkers

Child proof home

Sunburn prevention

Health

Continue formula or breast milk

Introduce cereal, vegetables, fruits, meats

Introduce cup

Avoid honey

Teething/clean teeth

Physical activity

No bottle in bed or bottle propping

Social/Behavioral

Temperament

Sleep, bedtime routine

Talk, read to baby

Family support

No TV/media

Impression

Well Baby

Normal Growth

Normal Development

Plan/Referrals

Immunizations current? Yes No

Hep B, Rotavirus, DTaP, Hib, PCV-13, IPV

Influenza vaccine

Counseling

Ibuprofen _____ mg. q. 6-8 hours

Acetaminophen _____ mg. q. 4-6 hrs.

Vitamin D if breast fed 400 IU/D

Six month Handout sheet

Hgb if at risk

Lead level if at risk

RTC at 9 months

Poison Control

Refer to dental home if risk assessment +

Fluoride Varnish

Supplementation if deficient in fluoride

If low iron consider Supplementation

Parent declination of treatment _____

Referrals _____

_____ M.D. / P.N.P. / DO / PA

Nine Month Visit

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Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm W/L _____ %tile Head circ. _____ cm Temp. _____ AX REC

B/P if high risk: _____ / _____

Nutrition

Breast _____ min. q. _____ hrs.

Formula _____ oz. q. _____ hrs.

Brand _____
Water: city well spring bottled
 fluoridated

Baby food _____ servings per day

Table food Yes No

WIC Yes No

Inter val Hist or y/New Problems

Change in family history? Yes No

Change in social history? Yes No

If Yes, what? _____

Are there new problems or illnesses since the last visit? Yes No

If Yes, what? _____

Speech/Hearing Risk Assessment

Responds to sounds Yes No

Imitates speech Yes No

Vision Risk Assessment

Notices small objects Yes No

Hepatitis B Risk Assessment

Yes No

Dental Risk Assessment

_____ +

Lead Risk Assessment

_____ +

Developmental Surveillance

Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

Yes No Concerns? _____

Developmental Screening

Normal Abnormal

Safety

Car seat, facing backwards

Smoke free environment

Smoke detectors in home

Hot water < 120 degrees

Always supervise bath

Fall prevention/gates

Poison Control number

Child proof home

Safe sleep/sleep on back

Sunburn prevention

Physical Exam

Undressed: yes no

General ----- nl abnl

Head----- nl abnl

Fontanel ----- nl abnl

Neck----- nl abnl

Eyes ----- nl abnl

Red reflex----- nl abnl

Alignment ----- nl abnl

Ears ----- nl abnl

Nose ----- nl abnl

Throat/Mouth --- nl abnl

Lungs----- nl abnl

Heart ----- nl abnl

Abdomen ----- nl abnl

Femoral Pulses --- nl abnl

Spine ----- nl abnl

Extremities----- nl abnl

Hips ----- nl abnl

Skin ----- nl abnl

Neuro----- nl abnl

Genitalia

Female----- nl abnl

Male ----- nl abnl

Testes ----- nl abnl

Health

Continue formula or breast milk

Introduce table, finger food

Choking prevention

Introduce cup, weaning

Avoid honey

Physical activity

Teething/clean teeth

No bottle in bed or bottle propping

Social/Behavioral

Exploring, set consistent limits

Sleep, bedtime routine

Talk, read to baby

Separation Anxiety

Family support

No TV/media

Day care Yes No

Impression

Well Baby

Normal Growth

Normal Development

Plan/Referrals

Immunizations current? Yes No

Hep B, DTaP, Hib, PCV-13, IPV

Influenza vaccine

Counseling

Ibuprofen _____ mg. q. 6-8 hours

Acetaminophen _____ mg. q. 4-6 hrs.

Vitamin D if breast fed 400 IU/D

Dental referral (if at risk)

Fluoride Varnish

Supplementation if deficient in fluoride

Lead level if at risk

Nine month Handout sheet

RTC at 12 months

If Low iron, consider supplementation

Parent declination of treatment _____

Referrals _____

_____ M.D. / P.N.P. / DO / PA

12 Month Visit

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Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm W/L _____ %tile Head circ. _____ cm Temp. _____ AX REC

B/P if high risk: _____ / _____

Nutrition

- Whole milk Yes No
- Weaned from bottle Yes No
- Appetite good variable picky
- fruits _____
- vegetables _____
- meats _____
- Water: city well spring bottled
- fluoridated
- WIC Yes No

Inter val Hist or y/New Problems

- Change in family history? Yes No
- Change in social history? Yes No
- If Yes, what? _____

- Are there new problems or illnesses since the last visit? Yes No
- If Yes, what? _____

Speech/Hearing Risk Assessment

- Hears well Yes No
- Says 2-4 words Yes No

Vision Risk Assessment

- Notices small objects Yes No

Photorefractive Screen — +

Hepatitis B Risk Assessment

- Yes No

Dental Risk Assessment — +

TB Risk Assessment — +

Anemia Risk Assessment — +

Blood Lead Screening — +

Developmental Surveillance

- Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

- Yes No Concerns? _____

Safety

- Car Seat, facing backward
- Smoke detectors in home
- Hot water < 120 degrees
- Water safety, supervise bath
- Close supervision
- Child proof home
- Safe sleep/sleep on back
- Poison Control Number
- Sunburn prevention

Physical Exam

Undressed: yes no

- General ----- nl abnl
- Head ----- nl abnl
- Fontanel ----- nl abnl
- Neck ----- nl abnl
- Eyes ----- nl abnl
- Red reflex ----- nl abnl
- Alignment ----- nl abnl
- Ears ----- nl abnl
- Nose ----- nl abnl
- Throat/Mouth --- nl abnl
- Lungs ----- nl abnl
- Heart ----- nl abnl
- Abdomen ----- nl abnl
- Femoral Pulses --- nl abnl
- Spine ----- nl abnl
- Extremities ----- nl abnl
- Hips/Gait ----- nl abnl
- Skin ----- nl abnl
- Neuro ----- nl abnl
- Genitalia
- Female ----- nl abnl
- Male ----- nl abnl
- Testes ----- nl abnl

Health

- Weaning
- Introduce whole milk from cup
- Limit juice, milk intake
- Changes in appetite
- Introduce table, finger foods
- Choking prevention
- Physical activity
- Teething/clean teeth

Social/Behavioral

- Set consistent limits, discipline
- Praise good behavior
- Sleep, bedtime routine
- Talk, read to child
- Family
- No TV

Impression

- Well Child
- Normal Growth
- Normal Development
- _____
- _____

Plan/Referrals

- Immunizations current? Yes No
- Hep B, Hib, PCV-13, IPV, MMR, Varicella, Hep A
- Influenza vaccine
- Counseling
- Ibuprofen _____ mg. q. 6-8 hours
- Acetaminophen _____ mg. q. 4-6 hrs.
- Dental referral
- Fluoride Varnish
- Supplementation if deficient in fluoride
- TB test if at risk
- 12 month Handout sheet
- RTC at 15 months
- Parent declination of treatment _____
- Referrals _____
- _____
- _____

Lab Test

Hgb _____

Lead Level _____
(Required by TennCare at 12 and 24 months.
Report normal and abnormal results)

_____ M.D. / P.N.P. / DO / PA

15 Month Visit

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Form revised 07/2025

Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm W/L _____ %tile Head circ. _____ cm Temp. _____ AX REC

B/P if high risk _____ / _____

Nutrition

- Whole milk Yes No
- Weaned from bottle Yes No
- Appetite good variable picky
- fruits _____
- vegetables _____
- meats _____
- Water: city well spring bottled
- fluoridated
- WIC Yes No

Inter val Hist or y/New Problems

- Change in family history? Yes No
- Change in social history? Yes No
- If Yes, what? _____

Are there new problems or illnesses since the last visit? Yes No

If Yes, what? _____

Speech/Hearing Risk Assessment

- Hears well Yes No
- Says 3-6 words Yes No

Vision Risk Assessment

- Notices small objects Yes No

Hepatitis B Risk Assessment

- Yes No

Anemia Risk Assessment

Preterm ___ Low birth weight ___
 Breast feeding ___ Low iron formula ___

Developmental Surveillance

- Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

- Yes No Concerns? _____

Safety

- Car Seat, facing backward until age 2 or > weight and height allowed by mfg
- Smoke detectors in home
- No smoking in home
- Hot water < 120 degrees
- Water safety, supervise bath
- Close supervision
- Child proof home
- Poison Control Number
- Sunburn prevention

Physical Exam

Undressed: yes no

- General ----- nl abnl
- Head ----- nl abnl
- Fontanel ----- nl abnl
- Neck ----- nl abnl
- Eyes ----- nl abnl
- Red reflex ----- nl abnl
- Alignment ----- nl abnl
- Ears ----- nl abnl
- Nose ----- nl abnl
- Throat/Mouth --- nl abnl
- Lungs ----- nl abnl
- Heart ----- nl abnl
- Abdomen ----- nl abnl
- Femoral Pulses --- nl abnl
- Spine ----- nl abnl
- Extremities ----- nl abnl
- Hips/Gait ----- nl abnl
- Skin ----- nl abnl
- Neuro ----- nl abnl
- Genitalia
- Female ----- nl abnl
- Male ----- nl abnl
- Testes ----- nl abnl

Health

- Weaning
- Whole milk until age 2
- Limit juice, milk intake
- Picky appetites, self feeding
- Offer variety of foods
- Choking prevention
- 20-30% of calories from dietary fat
- 10% of calories from saturated fat
- 300 mg of cholesterol per day
- d/c pacifier/bottle
- Physical activity
- Brushing teeth

Social/Behavioral

- Set consistent limits, discipline
- Praise good behavior
- Discourage hitting, biting and other aggressive behavior
- Sleep, bedtime routine
- Talk, read to child
- Family
- No TV

Impression

- Well Child
- Normal Growth
- Normal Development
- _____

Plan/Referrals

- Immunizations current? Yes No
- Hep B, DTaP, Hib, PCV-13, IPV, MMR, Varicella, Hep A
- Influenza vaccine
- Counseling
- Ibuprofen ___ mg. q. 6-8 hours
- Acetaminophen _____ mg. q. 4-6 hrs.
- Fluoride Varnish
- Supplementation if deficient in fluoride
- 15 month Handout sheet
- RTC at 18 months
- Parent declination of treatment _____
- Referrals _____
- _____

Lab Test

Hgb _____
 (If not done at 12 months)
 Lead Level _____
 (Required by TennCare at 12 and 24 months.
 Report normal and abnormal results)

_____ M.D. / P.N.P. / DO / PA

18 Month Visit

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Form revised 07/2025

Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm W/L _____ %tile Head circ. _____ cm Temp. _____ AX REC

B/P if high risk _____ / _____

Nutrition

- Whole milk Yes No
- Weaned from bottle Yes No
- Appetite good variable picky
- fruits _____
- vegetables _____
- meats _____
- Water: city well spring bottled
- fluoridated
- WIC Yes No

Interval History/New Problems

- Change in family history? Yes No
- Change in social history? Yes No
- If Yes, what? _____

- Are there new problems or illnesses since the last visit? Yes No
- If Yes, what? _____

Speech/Hearing Risk Assessment

- Hears well Yes No
- Says 15-20 words Yes No

Vision Risk Assessment

- Notices small objects Yes No

Hepatitis B Risk Assessment

- Yes No

Dental Risk Assessment

- _____ — +

Anemia Risk Assessment

- _____ — +

poverty ___ poor diet ___ chronic illness _____

Lead Risk Assessment

- _____ — +

Developmental Surveillance

- Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

- Yes No Concerns? _____

Developmental Screening

- Normal Abnormal

Autism Screening

- Normal Abnormal

Safety

- Car Seat, facing backward until age 2 or > weight and height allowed by mfg
- Smoke detectors in home
- No smoking in home
- Hot water < 120 degrees

Physical Exam

Undressed: yes no

- General** ----- nl abnl
- Head**----- nl abnl
- Neck**----- nl abnl
- Eyes** ----- nl abnl
- Red reflex**---- nl abnl
- Alignment** ---- nl abnl
- Ears** ----- nl abnl
- Nose** ----- nl abnl
- Throat/Mouth** --- nl abnl
- Lungs**----- nl abnl
- Heart**----- nl abnl
- Abdomen** ----- nl abnl
- Femoral Pulses** --- nl abnl
- Spine** ----- nl abnl
- Extremities**----- nl abnl
- Hips/Gait** ----- nl abnl
- Skin** ----- nl abnl
- Neuro**----- nl abnl
- Genitalia**
- Female**----- nl abnl
- Male** ----- nl abnl
- Testes** ----- nl abnl

Safety (continued)

- Water safety, supervise bath
- Close supervision
- Child proof home
- Poison Control Number
- Sunburn prevention

Health

- Weaning
- Whole milk until age 2
- Limit juice, milk intake
- Picky appetites, self feeding
- Offer variety of foods
- Choking prevention
- 20-30% of calories from dietary fat
- 10% of calories from saturated fat
- 300 mg of cholesterol per day
- Physical activity
- Brushing teeth

Social/Behavioral

- Set consistent limits, discipline
- Praise good behavior
- Time out, tantrums
- Talk, read to child
- Family
- Imitative/parallel play
- No TV

Impression

- Well Child
- Normal Growth
- Normal Development
- _____
- _____

Plan/Referrals

- Immunizations current? Yes No
- Hep B, MMR, Varicella, Hep A, DTaP, Hib, PCV-13, IPV
- Influenza vaccine
- Counseling
- Ibuprofen ___ mg. q. 6-8 hours
- Acetaminophen _____ mg. q. 4-6 hrs
- Dental referral
- Fluoride Varnish
- Supplementation if deficient in fluoride
- Hgb if at risk
- Lead level if at risk
- 18 month Handout sheet
- RTC at 2 years
- Parent declination of treatment _____
- Referrals _____
- _____
- _____

_____ M.D. / P.N.P. / DO / PA

24 Month Visit

Tennessee Chapter

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Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm BMI _____ %tile Head circ. _____ cm Temp. _____ AX REC

B/P (if high risk): _____ / _____

Nutrition

Weaned from bottle Yes No

Appetite good variable picky

fruits _____

vegetables _____

meats _____

bread _____

Water: city well spring bottled

fluoridated

WIC Yes No

Inter val Hist or y/New Problems

Change in family history? Yes No

Change in social history? Yes No

If Yes, what? _____

Are there new problems or illnesses since the last visit? Yes No

If Yes, what? _____

Dyslipidemia Risk Assessment — +

FH CVD heart disease <55 M Yes No

FH CVD heart disease <65 F Yes No

FH ↑ cholesterol Yes No

BP > 90% ___ DM ___ inactive ___

passive smoke ___ Chronic illness ___

BMI > 95% ___

Speech/Hearing Risk Assessment

Hears well Yes No

2-3 word sentences Yes No

Vision Risk Assessment

Sees distant objects well? Yes No

Photorefractive Screen — +

Hepatitis B Risk Assessment

Yes No

Dental Risk Assessment — +

Anemia Risk Assessment — +

poverty ___ poor diet ___ chronic illness ___

TB Risk Assessment — +

Lead Risk Assessment — +

Developmental Surveillance

Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

Yes No Concerns? _____

Developmental Screening

Normal Abnormal

Autism Screening

Normal Abnormal

Physical Exam

Undressed: yes no

General ----- nl abnl

Head ----- nl abnl

Neck ----- nl abnl

Eyes ----- nl abnl

Red reflex ----- nl abnl

Alignment ----- nl abnl

Ears ----- nl abnl

Nose ----- nl abnl

Throat/Mouth --- nl abnl

Lungs ----- nl abnl

Heart ----- nl abnl

Abdomen ----- nl abnl

Femoral Pulses --- nl abnl

Spine ----- nl abnl

Extremities ----- nl abnl

Hips/Gait ----- nl abnl

Skin ----- nl abnl

Neuro ----- nl abnl

Genitalia

Female ----- nl abnl

Male ----- nl abnl

Testes ----- nl abnl

Safety

Car Seat, facing backward until age 2 or > weight and height allowed by mfg

Use bike helmet

Smoke detectors in home

No smoking in home

Hot water < 120 degrees

Water safety, supervise bath

Child proof home, supervision

Poison Control Number

Firearm safety

Sunburn prevention

Health

Low fat milk from cup

Limit juice, milk intake

Picky appetites, self feeding

Choking prevention

20-30% of calories from dietary fat

10% of calories from saturated fat

300 mg of cholesterol per day

Physical activity

Brushing teeth

Social/Behavioral

Set limits, time out

Praise good behavior

TV/Media < 2 hrs/day

Read to child

Toilet training

Sleep, bedtime routine

Family

Impression

Well Child

Normal Growth

Normal Development

Plan/Referrals

Immunizations current? Yes No

Hep B, Hep A, DTaP, IPV

Influenza vaccine

V.I.S./Counseling

Ibuprofen ___ mg. q. 6-8 hours

Acetaminophen _____ mg. q. 4-6 hrs

Dental referral

Fluoride Varnish

Supplementation if deficient in fluoride

Hgb if at risk

2 year Handout sheet

RTC at 2 1/2 years

Parent declination of treatment _____

Referrals _____

Lab Test

Lead Level _____

(Required by TennCare at 12 and 24 months. Report normal and abnormal results)

_____ M.D. / P.N.P. / DO / PA

30 Month Visit

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Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm BMI _____ %tile Temp. _____ AX REC

B/P (if high risk): _____ / _____

Nutrition

- Weaned from bottle Yes No
- Appetite good variable picky
- fruits _____
- vegetables _____
- meats _____
- bread _____
- Water: city well spring bottled
- fluoridated
- WIC Yes No

Interval History or New Problems

- Change in family history? Yes No
- Change in social history? Yes No
- If Yes, what? _____

- Are there new problems or illnesses since the last visit? Yes No
- If Yes, what? _____

Speech/Hearing Risk Assessment

- Hears well Yes No
- 2-3 word sentences Yes No

Vision Risk Assessment

- Sees distant objects well? Yes No

Hepatitis B Risk Assessment

- Yes No

Dental Risk Assessment

- _____ +

Anemia Risk Assessment

- _____ +

Poverty _____ Poor Diet _____

Chronic Illness _____

Developmental Surveillance

- Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

- Yes No Concerns? _____

Developmental Screening

- Normal Abnormal

Safety

- car seat in back forward facing
- Use bike helmet
- Smoke detectors in home
- No smoking in home
- Hot water < 120 degrees
- Water safety, supervise bath
- Child proof home, supervision
- Poison Control Number
- Firearm safety
- Sunburn prevention

Physical Exam

Undressed: yes no

- General ----- nl abnl
- Head ----- nl abnl
- Neck ----- nl abnl
- Eyes ----- nl abnl
- Red reflex ---- nl abnl
- Alignment ---- nl abnl
- Ears ----- nl abnl
- Nose ----- nl abnl
- Throat/Mouth --- nl abnl
- Lungs ----- nl abnl
- Heart ----- nl abnl
- Abdomen ----- nl abnl
- Femoral Pulses --- nl abnl
- Spine ----- nl abnl
- Extremities ----- nl abnl
- Hips/Gait ----- nl abnl
- Skin ----- nl abnl
- Neuro ----- nl abnl
- Genitalia
- Female ----- nl abnl
- Male ----- nl abnl
- Testes ----- nl abnl

Health

- Low fat milk from cup
- Limit juice, milk intake
- Picky appetites, self feeding
- Choking prevention
- 20-30% of calories from dietary fat
- 10% of calories from saturated fat
- 300 mg of cholesterol per day
- Physical activity
- Brushing teeth

Social/Behavioral

- Set limits, time out
- Praise good behavior
- TV/Media - < 2 hrs/day
- Read to child
- Toilet training
- Sleep, bedtime routine
- Family
- Day care, pre-school Yes No

Impression

- Well Child
- Normal Growth
- Normal Development
- _____
- _____

Plan/Referrals

- Immunizations current? Yes No
- Hep A
- Influenza vaccine
- Counseling
- Dental referral
- Fluoride Varnish
- Supplementation if deficient in fluoride
- Hgb if at risk
- 2 1/2 year Handout sheet
- RTC at 3 years
- Parent declination of treatment _____
- Referrals _____
- _____
- _____

____ M.D. / P.N.P. / DO / PA

3 Year Visit

Tennessee Chapter

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Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm BMI _____ %tile Temp. _____ AX REC

B/P: _____ / _____

Nutrition

- Low fat milk, cup only Yes No
- Appetite good variable picky
- fruits _____
- vegetables _____
- meats _____
- bread _____
- Water: city well spring bottled
- fluoridated
- WIC Yes No

Inter val Hist or y/New Problems

- Change in family history? Yes No
- Change in social history? Yes No
- If Yes, what? _____

- Are there new problems or illnesses since the last visit? Yes No
- If Yes, what? _____

Speech/Hearing Risk Assessment

- Hears well Yes No
- Talks well Yes No
- Easy to understand? Yes No

Vision

- Vision screening test:
- L near 20/ _____ far 20/ _____
- R near 20/ _____ far 20/ _____

Photorefractive Screen _____ +

Hepatitis B Risk Assessment

- Yes No
- Anemia Risk Assessment _____ +
- poverty _____ poor diet _____ chronic illness _____

Lead Risk Assessment _____ +

Dental Risk Assessment _____ +

TB Risk Assessment _____ +

Developmental Surveillance

- Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

- Yes No Concerns? _____

Safety

- Car seat in back forward facing
- Bike helmet
- Smoke detectors in home
- No smoking in home
- Water safety, supervise bath
- Outdoor safety, supervision
- Poison Control Number
- Firearm safety
- Sunburn prevention

Physical Exam

Undressed: yes no

- General ----- nl abnl
- Head ----- nl abnl
- Neck ----- nl abnl
- Eyes ----- nl abnl
- Red reflex ---- nl abnl
- Alignment ---- nl abnl
- Ears ----- nl abnl
- Nose ----- nl abnl
- Throat/Mouth --- nl abnl
- Lungs ----- nl abnl
- Heart ----- nl abnl
- Abdomen ----- nl abnl
- Femoral Pulses --- nl abnl
- Spine ----- nl abnl
- Extremities ----- nl abnl
- Hips/Gait ----- nl abnl
- Skin ----- nl abnl
- Neuro ----- nl abnl
- Genitalia
- Female ----- nl abnl
- Male ----- nl abnl
- Testes ----- nl abnl

Health

- Low fat milk from cup
- Limit juice, milk intake
- Picky appetites, self feeding
- Low fat foods, healthy snacks
- Brush teeth, see dentist
- Encourage Active Play
- 20-30% of calories from dietary fat
- 10% of calories from saturated fat
- 300 mg of cholesterol per day

Social/Behavioral

- Discipline, time out
- Praise good behavior
- TV limits
- Read to child
- Self help skills
- Toilet training
- Family
- Friends and playmates
- Curiosity about sex
- Day care, pre-school Yes No

Impression

- Well Child
- Normal Growth
- Normal Development
- _____
- _____

Plan/Referrals

- Immunizations current? Yes No
- Influenza vaccine
- Counseling
- Dental referral
- Fluoride Varnish
- Supplementation if deficient in fluoride
- Hgb if at risk
- Lead level if at risk
- TB test if at risk
- 3 year Handout sheet
- RTC at 4 years
- Parent declination of treatment _____
- Referrals _____
- _____

_____ M.D. / P.N.P. / DO / PA

4 Year Visit

Tennessee Chapter

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Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm BMI _____ %tile Temp. _____ AX REC

B/P: _____ / _____

Nutrition

Appetite good variable picky
Water: city well spring bottled
 fluoridated

WIC Yes No

Inter val Hist or y/New Problems

Change in family history? Yes No

Change in social history? Yes No

If Yes, what? _____

Are there new problems or illnesses since the last visit? Yes No If Yes, what? _____

Dyslipidemia Risk Assessment — +

(given at 6 and 8 years)

FH CVD heart disease <55 M Yes No

FH CVD heart disease <65 F Yes No

FH cholesterol Yes No BP

> 90% DM ___ inactive ___ passive

smoke ___ Chronic illness ___ BMI >

95% ___

Speech/Hearing Risk Assessment

Hearing screening test

Pass Abnormal Unable to test

Vision

Vision screening test:

L near 20/ _____ far 20/ _____

R near 20/ _____ far 20/ _____

Photorefractive Screen — +

Hepatitis B Risk Assessment Yes No

Anemia Risk Assessment — +

poverty ___ poor diet ___ chronic illness ___

Lead Risk Assessment — +

TB Risk Assessment — +

Developmental Surveillance

Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

Yes No Concerns? _____

Safety

Booster seat – rear seat – 4-8 years or <4'9" tall

Never put child in front seat if you have air bags

Bike helmet

No smoking in home

Water safety, swimming lessons

Outdoor safety, supervision

Firearm safety

Sunburn prevention

Physical Exam

Undressed: yes no

General ----- nl abnl

Head ----- nl abnl

Neck ----- nl abnl

Eyes ----- nl abnl

Red reflex ---- nl abnl

Alignment ---- nl abnl

Ears ----- nl abnl

Nose ----- nl abnl

Throat/Mouth --- nl abnl

Lungs ----- nl abnl

Heart ----- nl abnl

Abdomen ----- nl abnl

Femoral Pulses --- nl abnl

Spine ----- nl abnl

Extremities ----- nl abnl

Hips/Gait ----- nl abnl

Skin ----- nl abnl

Neuro ----- nl abnl

Genitalia

Female ----- nl abnl

Male ----- nl abnl

Testes ----- nl abnl

Health

Low fat milk

Limit Juice

Encourage fruits and vegetables

Brush teeth, see dentist

Encourage active play

< 20-30% of calories from dietary fat

< 10% of calories from saturated fat

< 300 mg of cholesterol per day

Social/Behavioral

Discipline, time out

Praise good behavior

Read to child

TV/Media – limit <2 hrs/day, monitor content

Dresses self, helps at home

Family

Friends and playmates

Curiosity about sex

Day care, pre-school Yes No

Impression

Well Child

Normal Growth

Normal Development

Plan/Referrals

Immunizations current? Yes No

DTaP, IPV (4th dose on/after 4th bday), MMR, Varicella, Hep A

Influenza vaccine

Counseling

Dental referral

Fluoride Varnish

Supplementation if deficient in fluoride

Hgb if at risk

Lead level if at risk

TB if at risk

4 year Handout sheet

RTC at 5 years

Parent declination of treatment _____

Referrals _____

_____ M.D. / P.N.P. / DO / PA

5 Year Visit/Kindergarten Check-up

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Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm BMI _____ %tile Temp. _____ AX REC

B/P: _____ / _____

Nutrition

Appetite good variable picky
Water: city well spring bottled
 fluoridated
WIC Yes No

Interval History/New Problems

Change in family history? Yes No
Change in social history? Yes No
If Yes, what? _____

Are there new problems or illnesses since the last visit? Yes No
If Yes, what? _____

Speech/Hearing Risk Assessment

Hearing screening test
 Pass Abnormal Unable to test

Vision

Vision screening test:
L near 20/ _____ far 20/ _____
R near 20/ _____ far 20/ _____

Photorefractive screen _____ +

Hepatitis B Risk Assessment

Yes No

Anemia Risk Assessment

poverty _____ poor diet _____ chronic illness _____

Lead Risk Assessment _____ +

TB Risk Assessment _____ +

Developmental Surveillance

Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

Yes No Concerns? _____

Safety

Booster seat – rear seat – 4-8 years or <4'9" tall
 Bike helmet, street safety
 Smoke detectors in home
 No smoking in home
 Water safety, swimming lessons
 Outdoor safety, supervision
 Firearm safety
 Sunburn prevention

Physical Exam

Undressed: yes no

General ----- nl abnl
Head ----- nl abnl
Neck ----- nl abnl
Eyes ----- nl abnl
Red reflex ---- nl abnl
Alignment ---- nl abnl
Ears ----- nl abnl
Nose ----- nl abnl
Throat/Mouth --- nl abnl
Lungs ----- nl abnl
Heart ----- nl abnl
Abdomen ----- nl abnl
Femoral Pulses --- nl abnl
Spine ----- nl abnl
Extremities ----- nl abnl
Hips/Gait ----- nl abnl
Skin ----- nl abnl
Neuro ----- nl abnl
Genitalia
Female ----- nl abnl
Male ----- nl abnl
Testes ----- nl abnl

Health

Low fat milk
 Encourage fruits and vegetables
 Brush teeth, see dentist
 Encourage active play
 < 20-30% of calories from dietary fat
 < 10% of calories from saturated fat
 < 300 mg of cholesterol per day

Social/Behavioral

Give choices
 Encourage independence
 Praise good behavior
 TV limits, read to child
 Help child handle angry feelings and resolve conflicts with others
 Family relationships
 Friends and playmates
 Questions about sex
 Pre-school, school readiness

Impression

Well Child
 Normal Growth
 Normal Development

Plan/Referrals

Immunizations current? Yes No
 DTaP, IPV (4th dose on/after 4th bday), MMR, *Varicella (2 doses or hx of dz), Hep A
 Influenza vaccine
 COVID vaccine
 Counseling
 If BMI >85%, follow-up plan
 Dental referral
 Fluoride Varnish
 Supplementation if deficient in fluoride
 Hgb if at risk
 Lead level if at risk
 TB test if at risk
 5 year handout sheet
 RTC at _____ years
 Parent declination of treatment _____
 Referrals _____

M.D. / P.N.P. / DO / PA

6 to 10 Year Visit

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Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm BMI _____ %tile Temp. _____ AX REC

B/P: _____ / _____

Nutrition

Low fat milk? Yes No

Variety of fruits, vegetables? Yes No

Eats breakfast? Yes No

Eats supper with family? Yes No

Interval History or New Problems

Change in family history? Yes No

Change in social history? Yes No

If Yes, what? _____

Are there new problems or illnesses since the last visit? Yes No If Yes, what? _____

Dyslipidemia Risk Assessment — +

(given at 6 and 8 years)

FH CVD heart disease <55 M Yes No

FH CVD heart disease <65 F Yes No

FH cholesterol Yes No

BP ↓ 90% ___ DM ___ inactive ___

passive smoke ___ Chronic illness ___

BMI > 95% ___

Dyslipidemia Screen _____

(Once between 9-11 years)

Hearing Risk Assessment (7 and 9 yrs) — +

Hearing screen (6, 8, 10 yrs)

Normal Abnormal

Vision Risk Assessment (7 and 9 yrs) — +

Vision screen (6, 8, 10 yrs)

L near 20/ _____ far 20/ _____

R near 20/ _____ far 20/ _____

Wears glasses, sees eye specialist

Hepatitis B Risk Assessment

Yes No

Anemia Risk Assessment — +

poverty ___ poor diet ___ chronic illness ___

Dental Risk Assessment (age 6 years) — +

Lead Risk Assessment — +

(through age 6)

TB Risk Assessment — +

Developmental Surveillance

Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

Yes No Concerns? _____

Normal Abnormal

School Grade _____

Problems? Yes No If

Yes, what? _____

Physical Exam

Undressed: yes no

General ----- nl abnl

Head ----- nl abnl

Neck ----- nl abnl

Eyes ----- nl abnl

Ears ----- nl abnl

Nose ----- nl abnl

Throat/Mouth/Teeth -- nl abnl

Chest

Breasts/Tanner Stage -- nl abnl

Lungs ----- nl abnl

Heart ----- nl abnl

Abdomen ----- nl abnl

Femoral Pulses ----- nl abnl

Spine ----- nl abnl

Extremities ----- nl abnl

Hips/Gait ----- nl abnl

Skin ----- nl abnl

Neuro ----- nl abnl

Genitalia/Tanner Stage

Female Male

Safety

Buckle up! Ride in back seat

Booster seat – rear seat – 4-8 years or < 4'9" tall
OR seat belt – rear seat over 8 years or > 4'9" tall

Bike helmet, street safety

Smoke detectors in home

No smoking in home

Water safety, swimming lessons

Firearm safety

Sunburn prevention

Health

Low fat milk and snacks

Encourage fruits and vegetables

Brush teeth, see dentist

Adequate sleep

Encourage sports, active play

Sports form completed

< 20-30% of calories from dietary fat

< 10% of calories from saturated fat

< 300 mg of cholesterol per day

Social/Behavioral

School adjustment, performance

Sports and hobbies

Limit TV, computer games <2 hrs/day

Give choices

Encourage independence

Set limits, provide consequences

Parent supervises peer activities

Privacy, personal hygiene

Puberty changes and questions about sex

Family relationships

Friends and School

Social media, safety settings

Dealing with strangers

Impression

Well Child

Normal Growth

Normal Development

Plan/Referrals

Immunizations current? Yes No

DTaP/Td/Tdap, IPV (4th dose on/after

4th bday), MMR, *Varicella (2 doses

or hx of dz), HPV

Influenza vaccine

COVID-19 vaccine

Counseling

Cholesterol - Non-fasting Lipid Profile

or Fasting Lipid Profile (once between 9

and 11 years)

Lead level if at risk

TB test if at risk

Dental referral at age 6

Supplementation if deficient in fluoride

Hgb (if + menarche or high risk every

year) _____

If BMI >85%, follow-up plan

RTC at _____ years

Handouts

Parent declination of treatment _____

Referrals _____

_____ M.D. / P.N.P. / DO / PA

* Required for Kindergarten entry

11 to 15 Year Visit

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Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm BMI _____ %tile Temp. _____ AX REC

B/P: _____ / _____

Nutrition

Low fat milk? Yes No

Variety of fruits, vegetables? Yes No

Eats breakfast? Yes No

Eats supper with family? Yes No

Interval History or New Problems

Change in family history? Yes No

Change in social history? Yes No

If Yes, what? _____

Are there new problems or illnesses since the last visit? Yes No

If Yes, what? _____

Dyslipidemia Risk Assessment — + (every year 12-16 years)

FH CVD heart disease <55 M Yes No

FH CVD heart disease <65 F Yes No

FH ↑ cholesterol Yes No

BP > 90% _____ DM _____ inactive _____

passive smoke _____ Chronic illness _____

BMI > 95% _____

Dyslipidemia Screen — +

(Once between 9-11 years)

Hearing Risk Assessment (11 - 15 years) — +

Hearing Screen (@6000 and 8000hz) — +

(once between 11 - 14 years, once between 15 - 17 years)

Vision Risk Assessment (11, 13 and 14 years) — +

Vision Screen (12 and 15 years)

L near 20/ _____ far 20/ _____ R

near 20/ _____ far 20/ _____

Wears glasses, sees eye specialist

Hepatitis B Risk Assessment Yes No

Anemia Risk Assessment — +

poverty _____ poor diet _____ chronic illness _____

menorrhagia _____

Tobacco/Alcohol/Drug Assessment (every year 11-21 years) — +

TB Risk Assessment — +

STI Risk Assessment

(every year 11-21 years; Screen if Positive)

Hx of sexual activity _____ +

HVI Risk Assessment

(every year 11-21 years; Screen if Positive)

Hx of IV Drug Use _____ +

Depression & Suicide Risk Screening

(every year, 12-21 years)

Normal Abnormal

Developmental Surveillance

Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

Yes No Concerns? _____

Sudden Cardiac Arrest/Death Assessment

(Every Year, 11-21 years) Yes No

Physical Exam

Undressed: yes no

General ----- nl abnl

Head ----- nl abnl

Neck ----- nl abnl

Eyes ----- nl abnl

Ears ----- nl abnl

Nose ----- nl abnl

Throat/Mouth/Teeth -- nl abnl

Chest

Breasts/Tanner Stage -- nl abnl

Lungs ----- nl abnl

Heart ----- nl abnl

Abdomen ----- nl abnl

Femoral Pulses ----- nl abnl

Extremities ----- nl abnl

Genitalia/Tanner Stage

Female Male

Musculoskeletal Exam

Shoulder/arm ----- nl abnl

Elbow/forearm ----- nl abnl

Wrist/hand/fingers ---- nl abnl

Hips/thigh ----- nl abnl

Knee ----- nl abnl

Leg/ankle ----- nl abnl

Foot/toes ----- nl abnl

Safety

- Buckle up!
- Bike helmet, street safety
- Smoke detectors in home
- No smoking in home
- Swimming, water safety
- Firearm safety
- Sunburn prevention

Health

- Low fat milk and snacks
- Healthy food choices, Ca intake
- Brush teeth, see dentist
- < 20-30% of calories from dietary fat
- < 10% of calories from saturated fat
- < 300 mg of cholesterol per day
- Adequate sleep
- Acne
- Encourage sports, active play
- Sports form attached Yes No

Social/Behavioral

- School adjustment, performance
- Sports and hobbies
- Limit TV, computer games
- Give choices
- Encourage independence
- Set limits, provide consequences
- Managing stress, anger
- Say no to alcohol, drugs, tobacco
- Puberty changes and questions about sex
- Periods (girls) LMP _____
- Family relationships
- Friends, boy/girl friends
- Abstinence, birth control

Social/Behavioral (continued)

- Social Media
- Sleep hygiene
- + eating disorder screen

Impression

- Well Child/Adolescent
- Normal Growth
- Normal Development
- _____
- _____

Plan/Referrals

- Immunizations current? Yes No
- *Tdap, MCV4, *Varicella (2 doses or hx or dz), Hep B, HPV
- Influenza vaccine
- COVID-19 vaccine
- Counseling
- RTC at _____ years
- Handouts
- Cholesterol Screen - (once between 9 and 11 years)
- Hgb (if + menarche or high risk every year) _____
- Supplementation if deficient in fluoride
- TB test if at risk
- STI screening (if at risk)
- HIV screening (once 15-18 years)
- Begin transition plan
- Parent declination of treatment _____
- Referrals _____
- _____

_____ M.D. / P.N.P. / DO / PA

* Required for 7th Grade entry

16 to 20 Year Visit

Tennessee Chapter

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Form revised 07/2022

Date _____

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm BMI _____ %tile Temp. _____ AX REC

B/P: _____ / _____

Nutrition

- Low fat milk? Yes No
- Variety of fruits, vegetables? Yes No
- Eats breakfast? Yes No
- Eats supper with family? Yes No

Interval History/New Problems

- Change in family history? Yes No
- Change in social history? Yes No
- If Yes, what? _____

- Are there new problems or illnesses since the last visit? Yes No
- If Yes, what? _____

Dyslipidemia Risk Assessment

- (every year 17-21 years)
- FH CVD heart disease <55 M Yes No
- FH CVD heart disease <65 F Yes No
- FH cholesterol Yes No
- BP \uparrow 90% DM _____ inactive _____
- passive smoke _____ Chronic illness _____
- BMI > 95% _____

Dyslipidemia Screen

(Once between 17-21 years)

Hearing Risk Assessment (16 - 21 years)

Hearing Screen (@6000 and 8000hz)

(once between 15-17 years, once between 18-21 years)

Vision Risk Assessment (16 - 21 years)

- Wears glasses, sees eye specialist

Hepatitis B Risk Assessment Yes No

Anemia Risk Assessment

- _____ + poverty
- _____ poor diet _____ chronic illness _____
- menorrhagia _____

Tobacco/Alcohol/Drug Assessment

(Every year 11-21 years)

Etho, drug or substance to get high

TB Risk Assessment

STI Risk Assessment

(every year 11-21 years Screen if Positive)

Hx of sexual activity

HIV Screen

(Once between 16-18 years)

Hepatitis C Virus Infection Screen

(Once between 18-21)

Depression & Suicide Risk Screening

(every year 12-21 years)

- Normal Abnormal

Developmental Surveillance

- Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

- Yes No Concerns? _____

Sudden Cardiac Arrest/Death Assessment

(Every Year, 11-21 years) Yes No

Physical Exam

Undressed: yes no

- General ----- nl abnl
- Head ----- nl abnl
- Neck ----- nl abnl
- Eyes ----- nl abnl
- Ears ----- nl abnl
- Nose ----- nl abnl
- Throat/Mouth/Teeth -- nl abnl
- Chest
- Breasts/Tanner Stage -- nl abnl
- Lungs ----- nl abnl
- Heart ----- nl abnl
- Abdomen ----- nl abnl
- Femoral Pulses ----- nl abnl
- Extremities ----- nl abnl

Genitalia/Tanner Stage

Female Male

Musculoskeletal Exam

- Shoulder/arm ----- nl abnl
- Elbow/forearm ----- nl abnl
- Wrist/hand/fingers ---- nl abnl
- Hips/thigh ----- nl abnl
- Knee ----- nl abnl
- Leg/ankle ----- nl abnl
- Foot/toes ----- nl abnl

Safety

- Driving and automobile safety
- Bike helmet, safety
- Smoke detectors in home
- Swimming, water safety
- Firearm safety
- Sunburn prevention, tanning beds

Health

- Healthy food choices, Ca++ intake
- Concerns about weight, body image
- Periods (girls) LMP _____
- < 20-30% of calories from dietary fat
- < 10% of calories from saturated fat
- < 300 mg of cholesterol per day
- Adequate sleep
- Acne
- Encourage sports, exercise
- Sports form attached Yes No

Social/Behavioral

- School adjustment, performance
- Plans for work/further education
- Tobacco use
- Drug and alcohol use
- Dealing with stress, anger
- Limit TV, computer time <2 hrs/day
- Friends and fun
- Boy or girl friends /dating safety
- Abstinence, birth control
- STDs
- Family relationships

Social/Behavioral (continued)

- Social Media
- Sleep hygiene
- Eating disorder screen _____ +

Impression

- Well Adolescent
- Normal Growth
- Normal Development
- _____

Plan/Referrals

- Immunizations current? Yes No
- Tdap, MCV4 Booster, Varicella, HPV, Hep B
- Influenza vaccine
- COVID-19 vaccine
- Meningitis B vaccine discussion
- Counseling
- RTC at _____ years
- Handouts
- Cholesterol Screen (once between 18-21 years)
- Hgb (if + menarche or high risk every year) _____
- Supplementation if deficient in fluoride
- Pap - 21 years
- STD screening (if at risk)
- HIV Screen (once between 16 and 18)
- TB test (if at risk)
- Review transition plan
- Parent declination of treatment _____
- Referrals _____
- _____

M.D. / P.N.P. / DO / PA