WBC Opportunities
_______________Head Start Center
Well Child Exam
3-6 years

Name_______________________
DOB_________________________
Age of child____________________

Head Start Entrance Requirements

This child is required to have a complete physical examination, with HgB/HCT that is current within the last 6 months, Blood Pressure, Height/Weight and TB and Lead Questionnaire for entrance into Head Start. . Please complete this form, sign, date and send with parent.

HISTORY/PARENTAL CONCERNS

ALLERGIES

☐ NKDA
☐ Allergies:

MEDICATIONS

☐ No regular meds
☐ Current meds:

☐ No Chronic problems
☐ Chronic problems

SCREENING

T.B. Questionnaire ☐Pass ☐ Fail ☐ NA
Lead Questionnaire ☐Pass ☐ Fail ☐ NA
Hearing @ 20 db

	1000	2000	4000
R			
L			

☐Pass ☐Fail

Vision R 20/____L 20/___☐Pass☐Fail
Denver: ☐Pass ☐ Fail ☐ NA

Y	N	MENTAL HEALTH SCREENING
		Behavior problems/concerns
		Family stresses
		After school care- Home Family Individual Center
		School problems
		Good self esteem
		Normal sleeping

Y	N	NUTRITIONAL ASSESSMENT/EDUCATION
		Eating problems
		Good appetite
		Regular eating schedule
		Vitamins/Fe supplement
		WIC
		Bowel problems

PHYSICAL EXAM

Ht.__________in Wt._________lb Pulse/Resp_________ BP__________

Hgb/HCT_________ Date_______

N	A	NE	COMMENTS
			General (nl appearance / behavior)
			Skin (no birthmarks or lesions)
			Head/Face (symmetrical)
			Eyes (PERRL, cover test nl, EOMI, nl fundi
			Ears (external / TM's: clear)
			Nose/pharynx/mucous memb. (clear)
			Teeth(no cavities)
			Neck (Nodes, full ROM, no masses)
			CV (RRR, no murmur, no masses)
			Lungs: (BS = and clear)
			Abdomen (no HSM, no masses, good BS)
			Genitalia (F): (no vaginal d/c, nl. anatomy)
			(M) testes ↓ ↓ ☐ L ☐ R, No hernias
			Anus (nl position)
			Musculoskeletal (no scoliosis, full ROM)
			Neuro Cranial (nerves II-XII intact
			Nl. Muscle tone bilat.
			DTRs 2 + bilat. (biceps, patellar, Achilles)
			Gait (no ataxia)

Explain significant/Abnormal PE findings

Name______________________
DOB______________________

DEVELOPMENTAL ASSESSMENT (if no explain below)

3 Years	4 Years	5-6 Years
Y N	Y N	Y N
☐ ☐ Brushes teeth with help	☐ ☐ Puts on T shirt	☐ ☐ Dresses without help
☐ ☐ Uses pronouns, I, you, help	☐ ☐ Copies a "circle" and "plus signs	☐ ☐ Knows common colors
☐ ☐ Speech 75% understandable	☐ ☐ Almost all speech understandable	☐ ☐ All speech understandable
☐ ☐ Throws ball overhand	☐ ☐ Balances on 1 foot for 2 sec.	☐ ☐ Knows address and phone #
☐ ☐ Can point to familiar objects (dog, light, etc.)		

HEALTH EDUCATION (* = Must Discuss)

	Behavior	Injury Prevention	Health Promotion	Nutrition
3-6 Years	☐ Talk/read with child* ☐ Limit TV ☐ Set limits/be consistent* ☐ No spanking ☐ Sibling rivalry ☐ Sexual/gender identity* ☐ Choosing substitute caregivers*	☐ Car seat/ Seat belts* ☐ All meds locked up* ☐ Firearms locked up ☐ Bicycle safety ☐ Fire/ Water safety* ☐ Supervised play ☐ Teach telephone number and address	☐ Immunization ☐ WCC visits ☐ Dental care, appt. ☐ Family planning* ☐ Smoking at home* ☐ When to call clinic	☐ 3 meals a day* ☐ 3 healthy snacks/day* ☐ Iron-rich foods* ☐ Physical activity

Assessment:

Plan:

☐ PPD ☐ DTaP 1 2 3 4 5 ☐ IPV 1 2 3 4 ☐ Prevnar 1 2 3 4
☐ HIB 1 2 3 4 ☐ Hep B 1 2 3 ☐ MMR 1 2 ☐ Varicella 1 2
☐ Hepatitis A 1 2 ☐ Influenza 1 2 ☐ HgB/HCT ______/________ ☐ Lead

Other:

Next appointment:

Date: Nurse Signature:

Date: Provider Signature: