

WELL CHILD CARE AT 5 YEARS

At Today's Visit

- Your child's health care provider will ask for an update on your child's health.
- We will discuss your child's growth and development.
- We will check your child's vision if he/she has not had or does not have access to a screening exam.
- Your child will have a physical examination.
- Your child's blood pressure will be checked.
- A urinalysis will be performed on your child's first morning urine sample.
- Your child's hemoglobin will be determined through a finger or heel stick to screen for anemia (low red blood cell count).
- If entering kindergarten this year, your child will receive immunizations including his second MMR (measles, mumps and rubella) vaccine, his second chicken pox vaccine (if he did not have the disease itself), his fifth DTaP (diphtheria, tetanus, pertussis) vaccine, and his fourth polio vaccine. The kindergarten vaccination series can be given anytime between 4 to 6 years of age. It is perfectly acceptable if you and/or your child want to complete his immunization series today even though he may not be entering kindergarten until next year.
- Your child's medical school form will be completed.

Things to Keep in Mind Between Now and the Next Visit

- **Promotion of Healthy and Safe Habits**
 - ▷ Be a role model for your child by living a healthy life.
 - ▷ Be sure that your child gets adequate sleep. For children through 5 years of age, the suggested bedtime is 7-8 p.m.; for those ages 6-10, it is 8-9 p.m. (This may vary depending on families' schedules.)
 - ▷ Encourage family participation in regular physical activities.
 - ▷ Limit television viewing to an average of 1 hour per day. Check television ratings and choose appropriate programs. Watch programs together and discuss them.
 - ▷ Teach your child about personal care and hygiene.
 - ▷ Remind your child to wash her hands after toileting and before meals.

- **Injury Prevention**

- ▷ Continue to use a belt-positioning booster seat. Be sure the vehicle lap and shoulder belt are positioned across the child in the back seat of the car.
- ▷ Never place your child in the front seat of a vehicle with a passenger side air bag. The back seat is the safest place for children of any age to ride.
- ▷ Establish and enforce firm, clear, and consistent rules for safe behavior.
- ▷ Teach your child how to swim and reinforce water safety rules. Children should be supervised by an adult whenever they are near water.
- ▷ Be sure that swimming pools in your community, apartment complex, or home have a four-sided fence with a self-closing, self-latching gate.
- ▷ Continue to put sunscreen (SPF15 or higher) on your child before she goes outside to play or swim.
- ▷ Continue to keep your child's environment free of smoke.
- ▷ Test smoke alarms to be sure that they work properly. Change batteries twice a year (e.g., with the time change in the spring and the fall). Conduct fire drills at home.
- ▷ Teach your child emergency phone numbers and safety rules for the home. Lock up poisons, matches, and electrical tools.
- ▷ Be sure that guns, if kept in the home, are unloaded and locked up and that ammunition is stored separately. A trigger lock is an additional important precaution.
- ▷ Teach your child safety rules for getting to and from school. Teach pedestrian and neighborhood safety skills.
- ▷ Teach your child safety rules for biking and skating. Teach the correct hand signals for traffic safety (e.g., right turn, left turn, stop). Be sure that your child always wears a helmet when riding a bicycle or skating.
- ▷ Emphasize playground safety with your child.
- ▷ Be sure that your child is supervised before and after school in a safe environment.
- ▷ Choose caregivers carefully. Talk with them about their attitudes and behavior in relation to discipline. Do not permit corporal punishment.
- ▷ Teach your child rules for how to be safe around strangers (e.g., never opening the door to strangers, never getting into a stranger's car). Be sure that your child's school curriculum includes information on how to be safe when interacting with strangers.

- **Nutrition**

- ▷ Middle childhood (ages 5-10) is characterized by slow, steady physical growth. Children gain an average of 7 pounds and grow an average of 2½ inches per year. Head circumference increases an average of an inch per year. Body composition and body shape remain relatively constant. Growth spurts, accompanied by increased appetite and food intake are common. Conversely, appetite and food intake decrease during periods of slower growth.

- ▷ Model and encourage healthy eating habits.
 - ▷ Serve your child three nutritious meals a day and include a variety of healthy foods. Share family meals together regularly.
 - ▷ Make mealtimes pleasant and companionable. Encourage conversation.
 - ▷ Serve your child a balanced breakfast or be sure that the school provides one.
 - ▷ Be sure that your child eats a nutritious lunchtime meal at school by packing a balanced lunch or participating in the school lunch program.
 - ▷ Provide two planned nutritious snacks that are rich in complex carbohydrates. Limit high-fat or low-nutrient foods and beverages, such as candy, chips, or soft drinks.
- **Oral Health**
 - ▷ Be sure that your child brushes her teeth twice a day with a pea-size amount of fluoridated toothpaste, and regularly supervise tooth brushing. Ask the oral health professional when and how to floss between your child's teeth.
 - ▷ Give your child fluoride supplements as recommended by your dentist, based on the level of fluoride in your drinking water.
 - ▷ Learn how to prevent dental injuries and how to handle dental emergencies.
 - ▷ If your child regularly sucks her fingers or thumb, begin to intervene gently to help her stop.
 - ▷ Schedule a dental appointment for your child every six months or as indicated by your child's individual needs or susceptibility to disease.
 - ▷ As your child's permanent molars erupt, be sure that your dentist evaluates them for placement of dental sealants.
- **Sexuality Education**
 - ▷ Recognize that your child's sexual curiosity and exploration are normal.
 - ▷ Use correct terms for all body parts, including genitals.
 - ▷ Begin to teach your child about sexuality through the use of picture books suitable for family reading. Check with your local library for approved resources.
 - ▷ Explain to your child that certain parts of the body (those areas normally covered by a bathing suit) are private and should not be touched without her permission.
- **Promotion of Social Competence**
 - ▷ Praise your child for her cooperation and accomplishments.
 - ▷ Encourage your child to talk with you about her school or friends. Encourage her to express her feelings.
 - ▷ Read interactively with your child.
 - ▷ Spend individual time with your child doing something you both enjoy.

- ▷ Expand your child’s experiences through trips and visits to parks, libraries, and other places of interest.
 - ▷ Provide opportunities for your child to interact with other children.
 - ▷ Help your child learn how to get along with her peers.
 - ▷ Promote physical activity in a safe environment.
 - ▷ Set limits. Use “time out” and establish consequences for unacceptable behavior (e.g., limit television viewing time).
 - ▷ Encourage self-discipline and impulse control.
 - ▷ Expect your child to follow family rules, such as those for bedtime, television and video viewing, computer time, and chores.
 - ▷ Assign age-appropriate chores.
 - ▷ Teach your child to respect authority.
 - ▷ Begin to teach your child the difference between right and wrong.
 - ▷ Help your child to manage anger and resolve conflicts without violence.
- **Promotion of Constructive Family Relationships and Parental Health**
 - ▷ Serve as a positive ethical and behavioral role model.
 - ▷ Show affection in your family.
 - ▷ Listen to and respect your child.
 - ▷ Show interest in your child’s school and after-school activities.
 - ▷ Set responsible expectations.
 - ▷ Spend some individual time with each child in your family.
 - ▷ Participate in games and other activities with your child.
 - ▷ Encourage the development of good sibling relationships.
 - ▷ Acknowledge conflicts between siblings. When possible, attempt to resolve conflicts without taking sides. Do not allow hitting, biting, or other violent behavior.
 - ▷ Handle anger constructively in the family.
 - ▷ Create opportunities for your family to share time together and for family members to talk and play with your child.
 - ▷ Talk with the health professional about your own preventive and health-promoting practices.
- **Promotion of Community Interactions**
 - ▷ Talk with the health professional about possible programs for your child, such as school, recreational, or other community programs.
 - ▷ Participate as a family in school and community organizations and activities.
 - ▷ Volunteer regularly for school or community activities that require adult supervision.
 - ▷ Explore or continue to participate in social, religious, cultural, volunteer, and recreational organizations or programs.

- ▷ Find out what you can do to make your community safer. Advocate for and participate in a neighborhood watch program.
 - ▷ Advocate for adequate and safe play spaces and playgrounds.
 - ▷ Recommend that schools provide early and regular comprehensive health education and services that encourage healthy lifestyles.
- **Promotion of Successful School Entry**
 - ▷ Meet with your child's teachers.
 - ▷ Prepare your child for school. Talk about new opportunities, friends, and activities at school.
 - ▷ Tour your child's school with her.
 - ▷ Become involved with your child's school, perhaps as a volunteer.

Normal Development: 5 Years Old

- These guidelines are offered as a way of showing a general progression through the developmental stages rather than as fixed requirements for normal development at specific ages. It is perfectly natural for a child to attain some milestones earlier and other milestones later than the general trend.
- *If you have any concerns related to your child's own pattern of development, check with your child's pediatric healthcare provider.*
 - ▷ **Physical Development**
 - ◆ begins to lose primary (baby) teeth
 - ◆ displays left- or right-handedness
 - ◆ builds elaborate structures
 - ◆ tires easily
 - ◆ bathes, eats, dresses, toilets independently
 - ◆ begins to participate in semistructured games
 - ◆ enjoys active games and movement
 - ◆ enjoys playing noisy rhythm instruments
 - ◆ is curious about reproduction and birth
 - ▷ **Emotional Development**
 - ◆ begins to express more feelings in words
 - ◆ embarrasses easily, and cannot yet laugh at self
 - ◆ feelings about death appear
 - ◆ shows guilt over misbehavior
 - ◆ likes independence
 - ◆ is serious and dependable
 - ▷ **Social Development**
 - ◆ submits to more rules and regulations
 - ◆ may tattle, name-call, hit and shove at times
 - ◆ cooperates in simple group tasks
 - ◆ likes to please adults

- ◆ takes turns during playing and speaking
- ◆ gets along comfortably with other children
- ◆ is keenly interested in family activities
- ▷ **Mental Development**
 - ◆ begins to recognize letters and words
 - ◆ sustains activities over longer periods of time
 - ◆ has developed an overall image of self
 - ◆ craves facts
 - ◆ names simple colors
 - ◆ understands left and right on his/her own body
 - ◆ has a vocabulary of about 2,000 to 2,500 words
 - ◆ can help with chores
 - ◆ can learn address and phone number
 - ◆ can think some things through
 - ◆ counts to 10
 - ◆ begins to understand concept of opposites
 - ◆ can speak in sentences of 6 to 8 words
 - ◆ identifies coins
 - ◆ engages in elaborate dramatic play
 - ◆ understands concepts of morning, afternoon, night, yesterday, today, tomorrow
 - ◆ is better able to distinguish make-believe from real life

How to Prepare for the Next Visit

- Please bring in questions and/or observations about your child that you would like to discuss.
- Keep track of any illnesses, including visits to other health care facilities and the ER.
- Please fill out and bring in any school health forms that you need completed.
- Encourage your child to think about things they may want to talk about next time. Help your child learn about the health visit process.
- Please bring your vaccine record.

What to Expect at the Next Visit

- Your child should return when he is **6 years old**.
- You will complete a questionnaire to determine if your child has risk factors for high cholesterol and a cholesterol level will be obtained if your child is at risk.
- We will check your child's vision if he/she has not had or does not have access to a screening exam.
- We will check your child's hearing if he/she has not had or does not have access to a screening exam.
- Your child will have a physical examination.
- Your child if currently up to date on his immunizations will not require additional vaccines until age 10 or 11.

QUESTIONS FOR THE 5 YEAR VISIT

PATIENT NAME: _____

DATE: ____/____/____

NUTRITION

Is your child drinking milk? Yes No

If so, what type?
 whole 1% 2% skim soy rice other

HOW MUCH MILK DOES YOUR CHILD DRINK?
 < 8 ounces 8 to < 16 ounces 16 to 24 ounces 24 to 32 ounces >32 ounces

HOW MUCH JUICE, GATORADE, SPORTS DRINKS AND SODA POP DOES YOUR CHILD DRINK?
 0 to 4 ounces 4 to 8 ounces 8 to 16 ounces >16 ounces

HOW MUCH WATER DOES YOUR CHILD DRINK?
 < 8 ounces 8 to 16 ounces 16 to 24 ounces >24 ounces

WHAT TYPE OF WATER SOURCE DO YOU HAVE?
 city well bottled with fluoride bottled without fluoride

HOW MANY SOLID MEALS DOES YOUR CHILD EAT IN A DAY?
 1-2 2-3 3-4 4-5 5-6

HOW MANY SNACKS DOES YOUR CHILD EAT IN A DAY?
 0 1 1-2 2-3 >3

HAS YOUR CHILD COMPLETELY ELIMINATED ANY OF THE FOLLOWING FOOD GROUPS?
 meats vegetables fruits breads

ELIMINATION

STOOL
 Is your child continent of stool by day and night? Yes No

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING REGARDING HIS/HER BOWEL MOVEMENTS?
 pain fear holding large size or hard diarrhea blood in stool

FREQUENCY:
 every 3-4 days every other day every day 1-2 times per day > 3 times per day

URINE
 Is your child continent of urine during the day? Yes No
 Is your child continent of urine at night? Yes No
 Is your child having any problems with urination? Yes No

SLEEP

Does your child have a fairly consistent bedtime? Yes No

WHERE DOES YOUR CHILD FALL ASLEEP?
 in his/her own room in a room with a sibling in his/her parent(s) room other

YOUR CHILD SLEEPS IN:
 his/her parent's bed a twin bed other

HOW MANY HOURS DOES YOUR CHILD SLEEP AT NIGHT?
 < 8 8-10 10-12 > 12

HOW MANY NAPS DOES YOUR CHILD TAKE IN A DAY?
 0 1 1-2 2 2-3

HOW MANY HOURS OF TOTAL NAP TIME DOES YOUR CHILD SLEEP?
 < 1 hour 1-2 hours 2-3 hours > 3 hours

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

QUESTIONS FOR THE 5 YEAR VISIT

PATIENT NAME: _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING REGARDING SLEEP?

- snoring restless sleep is poorly rested after a night of sleep night terrors difficulty falling asleep
 frequent nighttime awakenings pausing or startled breathing during sleep teeth grinding nightmares

VISION

Do you have any concerns about your child's vision? Yes No

HEARING

Do you have any concerns about your child's hearing? Yes No

SAFETY

Does your child ride in the car using a forward facing car/booster seat? Yes No

DO YOU HAVE A POOL? NO YES, IT IS AN:

- Above ground without a fence Above ground with fence around pool Above ground with fence around yard
 In ground without a fence In ground with fence around pool In ground with fence around yard

SOCIAL/SCHOOL/PRESCHOOL ADJUSTMENT.

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD:

- Plays well with other children Yes No
 Gets along well with others at school/preschool Yes No n/a
 Is adjusting well to school/preschool Yes No n/a

DEVELOPMENT

- | | | |
|--|------------------------------|-----------------------------|
| Can button some of his/her own clothing or his/her doll's clothing (Snaps do not count.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reacts well when left with a friend or a sitter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can name at least three colors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can walk up and down stairs alternating his/her feet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can jump with his/her feet apart (broad jump) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can point while counting at least three different objects | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can name a coin correctly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Likes to relax with you for 10-20 minutes of story time | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can copy a square | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can name at least some of the letters of the alphabet when he/she sees them | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can identify and print the first letter in his/her name | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can recognize and name several single numbers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can recognize common street and store signs (eg, "Stop," "Open") | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

**CHILDHOOD LEAD RISK
 ASSESSMENT QUESTIONNAIRE**

PATIENT NAME: _____

BIRTHDATE: ____/____/____

AGE: _____

DATE: ____/____/____ ZIP CODE: _____

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS MUST BE ASSESSED FOR LEAD POISONING.
 (410 ILCS 45/6.2)**

A documented result of a blood lead test or a properly filled out Childhood Lead Risk Assessment Questionnaire must be attached to a Certificate of Child Health Examination form for purposes of admission to an Illinois Department of Children and Family Services or state regulated child-care facility, including those operated by a school district.

Respond to the following questions by checking the appropriate answer.

Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child have a sibling with a blood lead level of 10 mcg/dL or higher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child live in or regularly visit a home that was built before 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Is this child a refugee or an adoptee from any foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does your child live in a high risk zip code area? * Please reference list of high risk zip codes on the back of this form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	* <input type="checkbox"/> Don't Know

MAR 2, 2008

SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

**TUBERCULOSIS RISK
 ASSESSMENT QUESTIONNAIRE**

PATIENT NAME: _____

BIRTHDATE: ____/____/____

AGE: _____

DATE: ____/____/____

In order to determine whether or not a TB test is indicated for your child, we need you to answer the following questions. Because exposure risks can change, we will ask you to update this questionnaire at the 6, 12, 18, and 24 month well child visits and then annually until 21 years of age.

Respond to the following questions by checking the appropriate answer.

Has a member of your family or a person who has contact with your child had tuberculosis disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Has a family member had a positive tuberculin skin (TB) test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Was your child born in a country with a high rate of tuberculosis (places other than the United States, Canada, Australia, New Zealand, or Western European countries)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Has your child traveled (had contact with resident populations) to a high risk country for more than 1 week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

MAR 2.2008

SIGNATURE OF PROVIDER: _____ DATE: ____/____/____