### Subjective

**RN:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Y/N</th>
<th>APN/PA/MD/DO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child eats a variety of foods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child can play make believe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child can count</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child seems rested when he/she awakens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child knows right from left</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child gets some physical activity every day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Diet

- [ ] Vitamin Supplements
- [ ] Dental Referral
- [ ] Fluoride Supplements
- [ ] Hgb/Hct

**Subjective: Review of Family History**

- [ ] Review of Family History

**Subjective: Review of Systems**

- [ ] Review of Systems

### Objective: Physical

#### Physical Examination

- General Appearance
- Lungs
- Heart
- Cardiovascular/Pulses
- Head
- Hair
- Abdomen
- Eyelids
- Abdomen
- Genitalia
- Eyes
- Spine
- Vision
- Oropharynx/Teeth
- Extremities
- Ears
- Neurological
- Nose
- Dental Structure/Tongue
- Spinal
- Oral Health Care
- Discipline/Limits
- Head
- School Readiness
- Limb
- Abdominal
- Skin
- Limb TV
- Adequate Sleep/Habits
- Safety (general)
- Helmets
- Safety (general)
- Hair
- Extremities
- Nutritional
- Oral Health Care
- Head
- School Readiness
- Limb
- Safety (general)
- Helmets
- Safety (general)
- Hair
- Extremities
- Nutritional

#### Plan

- APN/PA/MD/DO SIGNATURE:

#### Referrals

- RN ASSESSMENT: RN PLAN: REFERRALS:

### Objective: Screening

#### Screening Data

- Weight KG/LB
- Height CM/IN
- Blood Pressure

- Hearing
- Vision
- Development
- Behavior
- Social/Emotional

#### Plan

- APN/PA/MD/DO SIGNATURE:

#### Referrals

- RN ASSESSMENT: RN PLAN: REFERRALS:

### Next Visit: 7 Years of Age

- RN ASSESSMENT: RN PLAN: REFERRALS:

### Immunizations

- Given
- Up to date