

**McLaren Print System Order**

Order No: 55349 Reprint Previous Order No: 9467  
 Order Date: 2020-07-14  
 User: Michele Lubick  
 Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele  
 16700 21 Mile Rd., Suite 101  
 Macomb, MI 48044

**Forms**

Quantity: 100  
 Paragon Dept No: 71600  
 Dept Name: McLaren Macomb Family Medicine  
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-34301-M  
 Item Description: Pediatric Physical Examination (Age 5 Years)  
 Revision Date: 3/2020  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

McLaren Medical Group  
**WELL CHILD EXAM-EARLY CHILDHOOD: 5 Years**

DATE: \_\_\_\_\_ VISITOR NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**Developmental Questions and Observations**

Ask the parent to respond to the following statements about the child.

Yes No

Please tell me any concerns about the way your child is behaving or developing.

My child does what I ask them to do most of the time.

My child says positive things about themselves.

My child shows an ability to understand the feelings of others.

My child can tell a story using full sentences.

My child follows simple directions.

My child can recognize most letters and is able to print some letters.

My child can balance on one foot.

Ask the parent to respond to the following statements:

Yes No

I have people I can turn to when I have questions or need help.

I feel good about my child starting school.

I am sad more often than I am happy.

I feel confident in parenting.

Provider to follow up as necessary

**Developmental Milestones**  
 Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool. Test that.)

Child Development	Child Development		Parent Development		
	Yes	No	Yes	No	
Dresses without supervision	Yes	No	Appropriately discipline child	Yes	No
Ships and hugs	Yes	No	Parent is loving toward child	Yes	No
Draws a person with head, body, arms and legs	Yes	No	Positively talks, listens, and responds to child	Yes	No
Appears unusually fearful, anxious or withdrawn	Yes	No	Parent uses words to tell child what is coming next	Yes	No
Aggressive or destructive behavior that threatens harm or damages people, animals or property	Yes	No	Parent encourages child to speak for him or her self, share ideas, wants and needs.	Yes	No
Displays negativity, low self-esteem, or extreme dependence	Yes	No			

Please note: Parent developmental observations are recommended when consultation suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents)

Additional Notes from pages 1 and 2: \_\_\_\_\_

Staff Signature: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Parent Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

WELL CHILD EXAM (5 Years)  
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