

McLaren Print System Order

Order No: 56328 Reprint Previous Order No: 9468
 Order Date: 2020-08-26
 User: Kimberly Gunsell
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Ship Location: McLaren Bay Family Medicine
 3720 Katalin Ct Suite 201
 Bay City, MI 48706

Forms

Quantity: 100
 Paragon Dept No: 69000
 Dept Name:
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-34301-N
 Item Description: Pediatric Physical Examination (Age 6-10 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-MIDDLE CHILDHOOD: 6 – 10 Year

DATE: _____ PATIENT NAME: _____ SOB: _____

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 has hobbies or interests that he/she enjoys.

My child follows rules in home, school and the community, most of the time.

My child's behavior, relationships and school performance are appropriate most of the time.

My child handles stress, anger, frustration well, most of the time.

My child eats breakfast every day.

My child is doing well in school.

My child talks to me about school, friends and feelings.

My child seems excited when he/she wakes up.

My child gets some physical activity every day.

Ask the parent to respond to the following statements:

Yes No

I know what to do when I am frustrated with my child.

I enjoy seeing my child become more independent and self-reliant.

Our family has experienced major stresses and/or changes since our last visit.

It is harder for me everyday to do what my child needs because of the address that I feel.

Ask the child to respond to the following statements:

Yes No

I feel good about my friends and school.

I know what to do when another child or adult tries to bully me or hurt me.

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 child: _____)

		Child Development			
States phone number and home address	Yes No	Reading and math are at grade level	Yes No		
Has close friends	Yes No	Child communicates/expresses self	Yes No		
Child responds to parent and health care provider	Yes No				

Please note: Parent developmental observations are supplemental when a clinician 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: _____

WELL CHILD EXAM (6-10 Years)
 MM-34301-N-0000