

McLaren Print System Order

Order No: 56232 Reprint Previous Order No: 9467
 Order Date: 2020-08-21
 User: Katie Jacobs
 Phone: 9893457000

Ship Location: Evergreen Clinic-Erin Deland
 611 Court Street Clinic
 West Branch, MI 48661

Forms

Quantity: 100
 Paragon Dept No: 69680
 Dept Name: McLaren
 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	
Draws 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Appears unusually fearful, anxious or withdrawn	Yes	No	Parent uses words to tell child what is coming next	Yes	No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 harms 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 confirmation 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)
© 2019 McLaren Medical Group