

WELL CHILD EXAM-MIDDLE CHILDHOOD: 6 – 10 Year

DATE	PATIENT NAME	DOB
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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 rested 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 sadness 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. Tool Used _____).

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

Please note: Formal developmental examinations are recommended when surveillance 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: _____

Patient Name:

Date of Birth: