

## BlueCross BlueShield of Texas

Experience. Wellness. Everywhere.®

Name:					DOB:			_ Actual Age:
_				Lang	guage Spoken			preter Name
Date:			6 - 7 - 8 YEARS					
NURSING	INTAKE							
Height:	Weight:	BMI:	BMI%:	BP:	Temp.:		Pulse:	Resp.:
Allergies:	0				Growth Charts Co	omplete		
	ness or Victim:			Notes:				
	alth care provi				MA Signature			
INTERVAI	L HISTORY				Appetite:			Weight loss/gain:
Diet:					Meds/vits:			Seeing dentist: Yes / No
Physical acti	ivity:							Dental home:
Accidents:					Family history: H	ITN, he	eart disease, l	nigh cholesterol, DM, asthma
Fatigue, nightmares, enuresis:					Exposure to tobacco smoke: TB Risk: Yes / No			
GROWTH/	SCHOOL PR	OGRESS:						
Achievement,	, sports, peer rela	ationship, attenda	ance, school vis	sion or hearing	g problem, attendance	e:		
PARENTA	L/PATIENT (	CONCERNS:						
	L EXAMINAT	ION						
General App	pearance [ ]			oped	Breast (female)	[ ]		Tanner stage I II III IV V
	[ ]	No abuse/neg	glect evident		Lungs	[ ]		scultation bilaterally
	Head [ ]	No lesions			Abdomen	[ ]		sses, liver & spleen normal
	Eyes [ ]	PERRL, conj		erae clear	Genitalia	[]		Tanner stage I II III IV V
		Vision gross			Male			E. [] Testes in scrotum
	Ears [ ]	Canals Clear	· · · · · · · · · · · · · · · · · · ·	1	Female		No lesions, Normal	nl external appearances
	Nose [ ]	Hearing gros Passages clea		no logions	Femoral pulses Extremities			ties, full ROM
	Teeth [ ]	Grossly norn			Lymph nodes		Not enlarge	
	Neck [ ]		asses, thyroid not		Back		Not enlarge No scoliosia	
	Chest [ ]	Symmetrical		tennargeu	Skin			gnificant lesions
	Heart [ ]	No organic m		r rhythm	Neurologic			oss sensory or motor deficit
ASSESSME		110 organie in	annuis, regula	, my unit	iteurorogie	LJ	i nort, no gi	
ABBLODIN	21 <b>1</b> •							
PLAN:								
<b>ORDERS:</b>	[ ]Vaccir	e reactions ris	ks and follow	-un explaine	ed / VIS sheets give	en		[ ] MMR (if not up to date)
	(if not up to date)		ks and follow	up explain	[] HCT	•		[ ] Lipid Profile (if high risk)
	f not up to date)					accine	(check recomm	
	(if not up to date)	)			[ ] Vision scree		[	] PPD(if high risk)
		late or history date	documented)		[ ] Audiometry			
	(if not up to dat		,		[ ] Dental refer		en	[ ] MCV4 (if high risk)
	nization Regist	try Entry			[ ] Rx for fluor	ride .50	)/1.0 mg QD	till age 14
ANTICIPA	TORY GUID	ANCE: Circle	e if discussed					
Diet: Limit f	fat, esp. sat. &	cholesterol, sw	eets, sodium,	caloric bala	nce, physical activit	ity		
Injury & Vi	olence prevent	tion: Seat belt u	use, swimmin	ig, water safe	ety, bike helmet, dr	ug and	ETOH avoid	lance education, smoke
		lrugs, toxic che						
Guidance: Bed time, discipline, smoking, early sex education and puberty, progress, toothbrushing, dentist, UV skin protection,								
regular exercise, school achievement, fun, friends, family life education, child sexual abuse, physical activity,								
[] Refer to	o appropriate a	gency.						
Next annoin	tment [ ] ] vo	ar or		Signature			Da	te
Text appoint	unent jiye	ui 01					Da	<i>س</i>
Prevcare6-8yrs 9.2	23.08 BCBSTX							