



FAMILY HEALTH ASSOCIATES

PEDIATRIC HEALTH MAINTENANCE – 6-10 YEARS PARENT QUESTIONNAIRE

General

Do you have any concerns or worries about your child? ___ No ___ Yes

If “yes”, please specify _____

Do you have concerns about your child’s vision or hearing? ___ No ___ Yes

Do your child’s eyes ever appear to cross or drift apart? ___ No ___ Yes

Does your child wet the bed? ___ No ___ Yes

Do you have any concerns about your child’s sleep habits? ___ No ___ Yes

Diet and Exercise

What type of milk does your child drink?

Whole 1 or 2% Skim Soy

How much milk does your child drink each day? _____

Does your child eat a good variety of foods (meat, vegetables, grains, fruit)? ___ Yes ___ No

Are you worried about your child’s weight or eating habits? ___ No ___ Yes

Does your child watch TV or play on a computer more than 1 hour per day? ___ No ___ Yes

Is your child involved in any activities such as sports or youth group? ___ Yes ___ No

If “yes”, please list: _____

School

What school does your child attend? _____ What grade? _____

Do you have any concerns about how your child is doing in school? ___ No ___ Yes

Does your child receive any special help in school (e.g., LAP, IEP, etc.)? ___ No ___ Yes

If “yes”, what services does your child receive? Please specify: _____

Safety

Does your child use a helmet while biking, skating, or scootering? ___ Yes ___ No

Does your child still use a booster seat in the car? ___ Yes ___ No

Does your child ever ride in the front seat of the car? ___ No ___ Yes

Have you talked to your child about what to do if he or she sees or finds a gun? ___ Yes ___ No

Does your child know how to swim? ___ Yes ___ No

Are you afraid of your partner or anyone close to you? ___ No ___ Yes

Do you feel overly stressed or unsupported? ___ No ___ Yes

Completed by (Name and relationship to patient)

Date



WELL CHILD: 6-10 YEARS
FAMILY HEALTH ASSOCIATES



Name: _____ Weight _____ lbs _____ oz. (_____ %)
 Date: _____ Length _____ in (_____ %)
 BP: _____ / _____ HR: _____
 Vision R _____ / _____ Vision L _____ / _____

IBUPROFEN (Advil, Motrin)

Acetaminophen (Tylenol)

Childs Weight	Infant Dose (50mg/1.25mL)	Children suspension (100mg/5mL)	Child's Weight	Infant's or Children's suspension (160mg/5mL)
18-23lbs	1.87mL	3.75mL	18-23lbs	3.75mL
24-35lbs	1.25mL + 1.25mL	5mL	24-35lbs	5mL
36-47lbs	1.25mL + 1.25mL	7.5mL	36-47bs	7.5mL
48-59lbs	5mls	10mL	48-59lbs	10mL
60-71lbs		12.5mL	60-71lbs	12.5mL
72-95lbs		15ml	72-95lbs	15mL
96+lbs		20ml	96+lbs	20mL

Ibuprofen may be given every 6 hours and not more than 4 times in 24hours. CHECK THE CONCENTRATION OF THE IBUPROFEN YOU ARE USING

Acetaminophen may be given every 4 hours, but not more than 4 times in 24hours. Please call the office if fever persist for more than 2 days or if you have any questions

NEXT APPOINTMENT: 7 years,8 years ,9 years,10 years ,11 years old

NUTRITION

- Balance diet.
- Limit junk food.
- Separate eating from TV.
- If your child drinks water without fluoride, please let me know.
- Eat together as a family whenever possible.
- Continue to model good nutrition and exercise habits.
- Give daily supplements of vitamin D (400 IU) and calcium (1000 mg) if your child takes less than 16 oz. of milk per day.
- Avoid juice and sweetened drinks.

DENTAL CARE

- Continue taking your child to the dentist every 6 months.
- Ask me about fluoride supplements if your child drinks non-fluorinated water.

SCHOOL

- Keep in touch with your child's teacher.
- Help your child organize.
- Set up a clear spot for your child's school things.
-

PARENTING

- Encourage physical exercise and outdoor activities.
- Model the behaviors for your child.
- Self-esteem is largely a reflection of parental love and acceptance at this age.
- Discuss current events, advertising, books, and share your family values with your child.
- Ask what she/he thinks and feels about things.
- Openly discuss the hazards of smoking, drug use, and alcohol.
- If there are guns in the home, lock them and store ammunition separately under separate lock.
- Talk to your children about gun safety.
- Continue to teach and reinforce personal safety and stranger training.
- Limit screen time (TV, video, computer) to less than one hour a day.
- Keep TV out of your child's bedroom.

SAFETY

- Teach your child about water and bicycle safety.
- Now is a great time for swimming lessons.
- Continue to model and reinforce seatbelt and helmet use.
- Your child should use a booster seat in the car until the adult seat belt fits—usually when he/she is about 4'9" tall and at least 8 years old.

To see if your child is ready, try these tests:

1. Does the child sit all the way back against the auto seat?
2. Do the child's knees bend comfortably at the edge of the auto seat?
3. Does the lap belt fit snugly across the top of the thighs?
4. Does the shoulder belt come across the center of the shoulder and chest, without hitting neck or face?
5. Can the child sit like this the whole trip?

If you answer "no" to any of these questions, your child needs to ride in a booster seat.

In case of ingestion of poisons, call the Poison Control Center immediately.

Post this number by your phone: 1(800)222-1222. Do not use syrup of ipecac.

Visit poison.org for more information.

PUBERTY

- Start early with age-appropriate discussions about puberty, sex, and dating.
- Plan on having many brief, spontaneous conversations over the years as "teachable moments" arise, instead of planning a long lecture at a later age.