

Jessica Davis MD

The New Mom's Family Doctor
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FIVE YEAR WELL CHILD VISIT

PARENT SECTION: Please check yes or no and fill in the blanks.

GENERAL ISSUES			DISCUSSION TOPICS
Yes	No	Overall, I feel confident that my child is doing well	Family roles Consistent limits Discipline - related consequences Praise often Reinforce desired behaviors Conflict resolution skills
Yes	No	I have enough help with parenting responsibilities	
No	Yes	There have been recent changes or stresses in our family	
No	Yes	I have concerns about my child's behavior	
No	Yes	My child has problems getting along with siblings/friends	
No	Yes	My child is having difficulty in preschool or daycare	
No	Yes	I have questions about my child's readiness for kindergarten	
DAILY ROUTINES			*****
No	Yes	I have questions about my child's eating habits	Normal pickiness
Yes	No	I have concerns about my child's growth	Assess growth rate
Yes	No	We have regular family mealtimes _____ times/week	Benefits of family meals
Yes	No	My child gets enough sleep	Bedtime routines
Yes	No	We have bedtime struggles at home	Media violence
Yes	No	I limit my child's "screen time" to _____ hours/day	Obesity/fitness
Yes	No	My child gets regular physical exercise	Enuresis - 20% at age 5yr
Yes	No	My child is toilet trained	Dietary: fiber, calcium, vit D
Yes	No	My child has a hard time with bowel movements	& iron sources
Yes	No	My child has dark circles under his/her eyes	
DEVELOPMENT			*****
No	Yes	I have questions about my child's development	RPDQ concerns
Yes	No	My child can get dressed without help	
Yes	No	My child knows his/her address and phone number	
Yes	No	My child's speech is easy for others to understand	
Yes	No	My child can hop and balance on one foot	
Yes	No	My child can draw a person with 5 parts	
PREVENTION			*****
No	Yes	My child lives with someone who smokes cigarettes	Risk of tobacco exposure
No	Yes	My child or another person living with us was born outside the U.S. or has traveled to Asia,	Smoking cessation
-	-	Mexico, Latin America, or Africa	Assess TB risk
No	Yes	I have a family member who has had Tuberculosis	Booster seat until >60lbs
Yes	No	My child always rides in a booster seat in the back of the car	Firearms stored safely
No	Yes	We have a gun at home	Tooth care routines
Yes	No	My child sees the dentist at least once yearly	Smoke detector maintenance
Yes	No	I help my child brush his/her teeth	Burn prevention
Yes	No	I give fluoride supplements daily (to facilitate discussion)	Accident prevention/supervision
Yes	No	I have talked to my child about safe touch and stranger safety	Water safety
Yes	No	My child always uses a bike helmet	Limit sun exposure
Yes	No	My child is learning to swim	Injuries #1 cause of death
No	Yes	Is there anything else you want to discuss today?	