

6 Year Old WCC

Pt Name : _____ **DOB:** _____ **DOS:** _____

WT: _____ kg **HT:** _____ cm **FOC:** _____

T: _____ °F **P:** _____ **RR:** _____

B/P: _____/_____ **O₂:** _____% **Allergies:** _____

Accompanied By : _____ **Current Meds:** _____

HISTORY OF PRESENT ILLNESS:

Diet: _____ **Elimination:** _____

Allergies: _____

Medications: _____

Behavior/Personality: _____

Concerns: _____

REVIEW OF SYSTEMS: Circled = negative, except as noted below

Cons	Eyes	ENMT	CV	Resp	Gastro	G/U	Skel
Integumentary	Neuro	Psych	Endo	Hema/Lymp	Allergy/Imm		

PAST MED, FAMILY & SOCIAL HX:

Immunizations: UTD: Y N

Major Illnesses: _____

Hospitalizations: _____

Surgeries: _____

Family HX: CA, HTN, Asthma, Allergies, DM, CV any, CV < 55, Sz

Social HX: Total in Household: _____

Lives with: Mother Father Siblings: _____ Aunt Uncle
Grandmother Grandfather Cousins

Water: City Well Bottled **Pets:** Dog/Cat Reptiles Bird

Smokers: Y N **Poultry Farm**

Developmental Milestones

Parent Report	P	F	PS: Personal/Social GM: Gross Motor	Lang: Language FM: Fine Motor	%
					Passin g
			PS: Ties shoe laces (not Denver)		N/A
			PS: Knows Right from Left, can count to 10 (not Denver)		N/A
			FM: Copies Square		90
			FM: Draws man 6 parts		100
			FM: Picks longer line		100
			FM: Prints numbers 1 to 10 (not Denver)		N/A
			Lang: Defines 7 words		90
			Lang: Opposite analogies, hot/cold, big/little, night/day		100
			Lang: Balance on each foot 6 seconds		90
			Lang: Heel-toe walk for 4 steps		100

Grade in school: _____ **Behavior Reports:** _____

Usual grades: _____

Areas of strength: _____ **Friends/Outside Activities:** _____

Areas needing improvement: _____

