

Annual Wellness Report

[Pediatric age 1-5]



Name: _____ Date of Birth: ____/____/____

Actual			
	Measurement	Percentile	
Height:			Weight gain in past year
Weight:			Actual: _____
Body Mass Index (BMI):			Expected: _____
Well Visits on schedule: Yes/No	Developmental screening UTD: Yes/No	Development at expected level: Yes/No	Immunizations UTD: Yes/No

Risk Factors					
Family History:	Coronary artery disease in males <55, females <65; Yes/No	Hypertension: Yes/No	Hyperlipidemia; total cholesterol >200 LDL >100 Yes/No	Overweight: Yes/No	
Activity:	Hours/day outdoor play:	<1 hour 1-2 hrs 2-3 hrs	TV, Video, computer time (per day):	0-1 hr 1-2 hrs 2-3 hrs >3 hrs	
Smoking:	Patient; Yes/No		Family Members; Yes/No	at Day Care; Yes/No	
Beverage intake	Milk; _____ (oz/day)	Juice; _____	Soft drinks; _____	Sports drink; _____	
Meals (per week):	Home w/ family	Home w/o family	School	Day Care	Other
	breakfast				
	lunch				
	dinner				
Stress:	School or Day Care; Yes/No		Peers; Yes/No	Family; Yes/No	

Problem List	Goal	Plan
inappropriate diet	age appropriate diet	Diet:
rapid weight gain		
high risk family history	limit screen time	Exercise (min/day):
smoking in household	limit tobacco exposure	screen time (min/day):
low activity level	1-3 hours vigorous activity per day	smoking counseling
stress		stress counseling

Follow Up		
Return in:	2 3 4 6 weeks 3 6 12 months	to this office
Refer to:		