Optimum Internal Medicine and Pediatrics

10044 Hwy 46, Bon Aqua, TN 37025 | (931) 996-4247

6 to 10 Year Visit

Parent and staff instructions - keep with the clinical sheet

Parents / guardians: Complete only the identification, allergies, medicines, and the upper-left Nutrition and Problems / Interval History sections. You may type in the available identification fields, then print. Leave measurements, risk-assessment results, screening scores, examinations, orders, vaccine entries, billing and signatures for staff. Bring **both pages** to the appointment. Do not send completed forms through the website.

Do not give medicine based on this form alone. Printed doses and vaccine sequence numbers on the clinical sheet are preserved workflow entries, not patient-specific orders.

Staff medication verification: Before any dose, verify current weight in kg, age, indication, allergies, product concentration, dose in mg **and** mL, interval, maximum daily dose and contraindications. Document clinician-approved instructions. Preserved numbers do not replace this check.

Age-specific clinical checks

Use an age-appropriate balanced diet rather than a blanket 20-30% fat or 300 mg cholesterol limit; individualize for growth and medical risk.

Car seats: rear-facing until the seat height OR weight limit, then a forward-facing harness to its limit, then a booster until the adult belt fits correctly (often age 8-12). Keep children younger than 13 in the rear seat.

Use standardized age-appropriate behavioral/emotional screening, including anxiety screening beginning at age 8; surveillance checkboxes alone are not a screening instrument.

Staff screening check: Use validated age-appropriate tools, not checkboxes alone: developmental screens at 9, 18 and 30 months; autism at 18 and 24 months; mental/emotional/behavioral screening per current AAP schedule.

Staff vaccine and billing check: Reconcile actual records, age, product, prior doses, minimum intervals and contraindications against current AAP guidance. Verify preserved protocol numbers, including combination-vaccine components. Billing presets are not orders: code actual services and payer rules; COVID-19 administration uses 90480, not 90460/90472. Do not automatically apply modifiers or unit counts.

Sources and version

Clinic revision based on AAP 2026 immunization guidance, current AAP preventive-care guidance and age-specific safety references. Original TNAAP 07/2025 attribution and intentional workflow marks are retained. This clinic revision does not imply TNAAP endorsement.

AAP preventive care | AAP 2026 immunizations | AAP current RSV guidance

6 to 10 Year Visit

Date _____

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Tennessee Chapter
INCORPORATED IN TENNESSEE
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Form revised 07/2025

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ kgs. Length _____ cm BMI _____ %tile Temp. _____ AX REC

B/P: _____ / _____

Nutrition
Low fat milk? ☐ Yes ☐ No
Variety of fruits, vegetables? ☐ Yes ☐ No
Eats breakfast? ☐ Yes ☐ No
Eats supper with family? ☐ Yes ☐ No

Inter val Hist or y/New Problems
Change in family history? ☐ Yes ☐ No
Change in social history? ☐ Yes ☐ No
If Yes, what? _____

Are there new problems or illnesses since the last visit? ☐ Yes ☐ No If Yes, what? _____

Dyslipidemia Risk Assessment — +
(given at 6 and 8 years)
FH CVD heart disease <55 M ☐ Yes ☐ No
FH CVD heart disease <65 F ☐ Yes ☐ No
FH cholesterol ☐ Yes ☐ No
BP ↕ 90% ___ DM ___ inactive ____
passive smoke ____ Chronic illness ___
BMI > 95% ____

Dysl ypidemia Screen ____
(Once between 9-11 years)

Hearing Risk Assessment (7 and 9 yrs) — +
Hearing screen (6, 8, 10 yrs)
☐ Normal ☐ Abnormal

Vision Risk Assessment (7 and 9 yrs) — +
Vision screen (6, 8, 10 yrs)
L near 20/ _____ far 20/_____
R near 20/ _____ far 20/_____
☐ Wears glasses, sees eye specialist

Hepatitis B Risk Assessment
☐Yes ☐No

Anemia Risk Assessment — +
poverty ___ poor diet ____ chronic illness _____

Dental Risk Assessment (age 6 years) — +

Lead Risk Assessment — +
(through age 6)

TB Risk Assessment — +

Developmental Surveillance
☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____
☐ Normal ☐ Abnormal

School Grade_____
Problems? ☐ Yes ☐ No If Yes, what? _____

Physical Exam

Undressed: ☒ yes ☐ no

General	☐ nl	☐ abnl
Head	☐ nl	☐ abnl
Neck	☐ nl	☐ abnl
Eyes	☐ nl	☐ abnl
Ears	☐ nl	☐ abnl
Nose	☐ nl	☐ abnl
Throat/Mouth/Teeth	☐ nl	☐ abnl
Chest		
Breasts/Tanner Stage	☐ nl	☐ abnl
Lungs	☐ nl	☐ abnl
Heart	☐ nl	☐ abnl
Abdomen	☐ nl	☐ abnl
Femoral Pulses	☐ nl	☐ abnl
Spine	☐ nl	☐ abnl
Extremities	☐ nl	☐ abnl
Hips/Gait	☐ nl	☐ abnl
Skin	☐ nl	☐ abnl
Neuro	☐ nl	☐ abnl

Genitalia/Tanner Stage
Female ☐ **Male** ☐

EPSDT CPT/ICD 10 Coding:
99383-25 if New or 99393-25 if Est.
Z00.129 Normal or Z00.121
90460-59 (if flu given) Z23
96110-59 Z13.40
96160-59 Z11.1, Z13.88, Z13.84
99173 Z13.5
92551 Z13.5
36415 if performed Z13.0, Z13.88, Z13.220
88738 if performed Z13.0
99000 if performed Z13.0, Z13.88, Z13.220
86580 if administered Z11.1
80061 if adminstered Z13.220
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Safety
☐ Buckle up! Ride in back seat
☐ Harness to seat limit, then booster; see guide
Belt only when it fits; rear seat until age 13
☐ Bike helmet, street safety
☐ Smoke detectors in home
☐ No smoking in home
☐ Water safety, swimming lessons
☐ Firearm safety
☐ Sunburn prevention

Health
☐ Low fat milk and snacks
☐ Encourage fruits and vegetables
☐ Brush teeth, see dentist
☐ Adequate sleep
☐ Encourage sports, active play
☐ Sports form completed
☐ Age-appropriate fats; see companion ☐
Individualize dietary counseling
☐ Balanced diet; see companion

Social/Behavioral
☐ School adjustment, performance
☐ Sports and hobbies
☐ Limit TV, computer games <2 hrs/day☐
Give choices
☐ Encourage independence
☐ Set limits, provide consequences
☐ Parent supervises peer activities
☐ Privacy, personal hygiene
☐ Puberty changes and questions about sex
☐ Family relationships
☐ Friends and School
☐ Social media, safety settings
☐ Dealing with strangers

Impression
☐ Well Child
☐ Normal Growth
☐ Normal Development
☐ _____

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ DTaP/Td/Tdap, IPV (4th dose on/after 4th bday), MMR, *Varicella (2 doses or hx of dz), HPV
☐ Influenza vaccine
☐ COVID-19 vaccine
☒ Counseling
☐ Cholesterol - Non-fasting Lipid Profile or Fasting Lipid Profile (once between 9 and 11 years)
_____
☐ Lead level if at risk
☐ TB test if at risk
☒ Dental referral at age 6
☐ Supplementation if deficient in fluoride
☒ Hgb (if + menarche or high risk every year)_____
☐ If BMI >85%, follow-up plan
☒ RTC at _____ years
☒ Handouts
☐ Parent declination of treatment _____
☐ Referrals _____

_____ M.D. / P.N.P. / DO / PA

** Required for Kindergarten entry*