



## Joint Follow-up: 5 years

♂ Boy  ♀ Girl  Date of the visit: \_\_\_\_\_ Age: \_\_\_\_\_ Accompanied by: \_\_\_\_\_

### Parental Concerns

\_\_\_\_\_  
\_\_\_\_\_

### Life Context

- Type of day-care?: \_\_\_\_\_  Preschool or school?: \_\_\_\_\_  
 Change in the family?: \_\_\_\_\_  
 Social support network?: \_\_\_\_\_  Difficulties in feeding the family?: \_\_\_\_\_  
 Other \_\_\_\_\_

### Health Monitoring

\_\_\_\_\_  
\_\_\_\_\_

### Current Lifestyle Habits

#### Nutrition

- Water offered during meals: \_\_\_\_\_  **Fluoride if risk of cavities?(\*)**  
 Cow's milk 2% or enriched soy milk? (max 20 oz. or 600 ml/day) \_\_\_\_\_  Other supplements/natural products?  
 **Avoid juice:** \_\_\_\_\_  Vegetarianism?  
 **Vitamin D: 400 IU/day supplement:** \_\_\_\_\_  **Proportion of foods from the 3 food groups** \_\_\_\_\_

**Sleep (nbr of hours/24 h)?:** \_\_\_\_\_ **Is exposed to screens? (nb min./d)** \_\_\_\_\_ **Vigorous physical activities (1 hour/d):** \_\_\_\_\_

### Developmental Surveillance

#### Cognitive

- Copies diagonal lines (without demonstration).
- Draws elaborate images that you recognize (e.g. sun, house, car).
- Includes "between/middle/through/around/afternoon/morning".
- Knows the main colours (more than 5 colours).
- Counts 10 objects (counts by pointing at objects).
- Uses words that refer to time appropriately: "yesterday/today/ tomorrow", "now/right away/first", "later and before".

#### Physical and Motor

- Runs with ease around obstacles.
- Goes up and down stairs alternating feet without support or assistance.
- Jumps on one foot 5 to 10 times.
- Throws and catches a ball with ease.
- Cuts out a simple shape by following the outline (circle).
- Colours in small shapes without going outside of the lines.

#### Language

- Responds to longer (3 or more elements) and more complex instructions involving a concept of time (e.g., "Put on your coat and then your mittens"), several actions (e.g., "Pick up the cars, put them in the bin and put the bin on the table") or a justification (e.g., "Take the brush and mix the paint together to make another colour").
- Answers the questions "How much?", "Why?", "When?", "How?" in various contexts (e.g., during the assessment conversation, at story time).
- Uses sentences of more than 5 words that include the words "When I..., then..." or "If I do..., then I can...".
- Can carry on a conversation on a topic with 4 to 5 turns of speech.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Developmental Surveillance (continued)

### Social and Emotional

- Waits his or her turn and shares when playing with other children.
- Follows simple rules when playing table or card games.
- Adjusts his behavior to the context (e.g., calm during the assessment conversation, more energetic at the park).
- Expresses and explains emotions (e.g., "I'm angry because...").
- Can calm down in less than 20 minutes when upset.
- Can engage in an activity he or she likes for 15 minutes.

### Red Flags

- Moves one side of his body little or not at all in relation to the other (asymmetrical use: avoids using one hand, keeps one hand more closed than the other).
- Has difficulty on stairs or walking (frequent falls, loss of balance, clumsiness, always walks on tiptoes).
- Has difficulty playing with peers or participating in group activities (even if very verbal) or has little interest in playing with other children.
- Does not look at the person when talking to them (eye contact).
- Seems not to hear well.
- Seems not to see well.
- Loses a skill he or she has already learned (regression).

## Physical Examination

Weight: \_\_\_\_\_ Perc: \_\_\_\_\_ Height: \_\_\_\_\_ Perc: \_\_\_\_\_ BMI: \_\_\_\_\_ Perc: \_\_\_\_\_ TA: \_\_\_\_\_

General appearance: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Red reflex</li> <li><input type="checkbox"/> Corneal reflex</li> <li><input type="checkbox"/> Modified cover test</li> <li><input type="checkbox"/> Visual acuity (3-5 years)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> ENT</li> <li style="padding-left: 20px;">Eardrums: _____</li> <li><input type="checkbox"/> Dentition (cavities?): _____</li> <li><input type="checkbox"/> Heart</li> <li><input type="checkbox"/> Lungs</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Abdomen</li> <li><input type="checkbox"/> External genital organs</li> <li><input type="checkbox"/> Limbs</li> <li><input type="checkbox"/> Teguments: _____</li> <li style="padding-left: 20px;">Suspicious lesions?: _____</li> <li><input type="checkbox"/> Gait: _____</li> </ul> |
|--|--|---|

Observations \_\_\_\_\_

## Promotion of Healthy Lifestyles and Preventive Advices

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Avoid juice, offer water instead</b></li> <li><input type="checkbox"/> <b>Offer a variety of foods from the 3 food groups: vegetables and fruits, whole grain products and protein foods</b></li> <li><input type="checkbox"/> <b>Promote healthy eating behaviours: provide nutritious meals and snacks at regular times, eat at the table and not in front of the screen, avoid rewarding with food, respect the child's hunger and satiety cues</b></li> <li><input type="checkbox"/> <b>Recommend tooth brushing 2 times a day with fluoride toothpaste (the size of a small pea)</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Limited screen time (maximum 1 hour/d)</b></li> <li><input type="checkbox"/> <b>Promotion of various physical activities (≥ 3 hours/day for an active lifestyle)</b></li> <li><input type="checkbox"/> <b>Encourage good hygiene of sleep (&gt; 10h/24 hours)</b></li> <li><input type="checkbox"/> Avoiding violent programmes</li> <li><input type="checkbox"/> Supporting parenting skills: attitude relative temper tantrums, discipline (consistency and coherence between parents), etc.</li> <li><input type="checkbox"/> Small responsibilities, autonomy</li> <li><input type="checkbox"/> <b>Prevention of sexual abuse</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Firearms storage</b></li> <li><input type="checkbox"/> Ensuring the child's safety: <i>motorized vehicles, ATV, bicycle helmet, street crossing, drowning, trampoline, learning address and phone number, sun protection and seasonal protection, dog bites.</i></li> <li><input type="checkbox"/> <b>Encouraging a smoke-free environment</b></li> <li><input type="checkbox"/> Stimulation of development (see guide)</li> <li><input type="checkbox"/> <b>Promote vaccination: support for reluctant parents.</b></li> </ul> |
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## Impressions and Conducts

### Impressions

- Physical Health: \_\_\_\_\_
- Growth: \_\_\_\_\_
- Development: \_\_\_\_\_
- Other impression(s): \_\_\_\_\_

### Conducts


### General conduct

- Immunization:**
- DTaP-polio if not given**
  - 2<sup>nd</sup> Varicella vaccine**
  - Reminder meningococcal A, C, Y, W<sub>135</sub> and meningococcal B vaccines if not given at 4 years (\*)**
  - Regular visits to the dentist (in priority of cavities)**
  - Vision test (optometrist?) if not done with physical examination**
  - Lipid profile, if not done? (\*)
  - Reference if overweight or obesity*
  - Blood lead test? (\*)**
  - Hearing test if retarded language skills and/or questionable sensitivity
  - Tools or resources for parents: \_\_\_\_\_

Signature : \_\_\_\_\_ Prochain RDV : \_\_\_\_\_

(\*) If the child is at risk, see guide. Recommendations: **bold = A**, *italic = B*, regular = C or I, **underlined** = MSSSQ good clinical prevention practices. By Gilles Brunet, MD, Gilles Cossette, IPSPL, Dominique Cousineau, MD, FRCPC, and Danièle Lemieux, MD, FRCPC, Alena Valderrama, MD, FRCPC. © 2020 CHU Sainte-Justine