

# 4 Year Well Check-Up

Person completing form: Mother \_\_\_ Father \_\_\_ Grandparent \_\_\_  
Other \_\_\_\_\_

## Parental Concerns:

Do you have any concerns about your child's learning development?  
Not At All  Somewhat  Very Much

Do you have any concerns about your child's behavior?  
Not At All  Somewhat  Very Much

## Relationships:

Who lives in the home with the child? \_\_\_\_\_

Number of siblings? \_\_\_\_\_

Does your child attend daycare? No \_\_\_ Yes \_\_\_

Are you coping well with your child? No \_\_\_ Yes \_\_\_

Are you comfortable with your child? No \_\_\_ Yes \_\_\_

Over the past 2 weeks, have you felt down, depressed or hopeless? No \_\_\_ Yes \_\_\_

## Smokers:

Are there smokers at home? No \_\_\_ Yes \_\_\_

If yes, do they smoke outside only? No \_\_\_ Yes \_\_\_

## TB Risk Assessment:

Known exposure to person with TB? No \_\_\_ Yes \_\_\_

If yes, who? \_\_\_\_\_

## Home Environment & Safety:

Type of dwelling: (circle one) Apartment House Trailer Other

Heat source: (circle one) Gas Electric Hot water Other

Water source for dwelling: (circle one) City/municipal Well

Known Lead exposure in home? No \_\_\_ Yes \_\_\_

If yes, was it removed? No \_\_\_ Yes \_\_\_

Home built before 1950? No \_\_\_ Yes \_\_\_

Home built before 1978 with renovations in last 6 months? No \_\_\_ Yes \_\_\_

## Safety:

Use bike/skating helmet? No \_\_\_ Yes \_\_\_

Child car seat/booster seat? No \_\_\_ Yes \_\_\_

Does your dwelling have:

Carbon monoxide detectors? No \_\_\_ Yes \_\_\_

Smoke detectors? No \_\_\_ Yes \_\_\_

Pool/spa at home? No \_\_\_ Yes \_\_\_

Pets or animals at home? No \_\_\_ Yes \_\_\_

If yes, what types? \_\_\_\_\_

Firearms in the home? No \_\_\_ Yes \_\_\_

If yes, are they in locked storage? No \_\_\_ Yes \_\_\_

## Education:

Does your child attend preschool? No \_\_\_ Yes \_\_\_

Name of school? \_\_\_\_\_

## Sleep Habits:

Any concerns? No \_\_\_ Yes \_\_\_

If yes, explain \_\_\_\_\_

Does your child take naps? No \_\_\_ Yes \_\_\_

Does your child sleep in bed with parents? No \_\_\_ Yes \_\_\_

Does your child sleep through the night? No \_\_\_ Yes \_\_\_

Does your child sleep 8 hrs or more per night? No \_\_\_ Yes \_\_\_

Any nightmares/night terrors? No \_\_\_ Yes \_\_\_

## Travel:

Any recent travel out of the country? No \_\_\_ Yes \_\_\_

If yes, where did you travel? \_\_\_\_\_

## Nutrition:

Does your child drink (circle all that apply): Milk Juice Water Soda

What type of milk is given?

Whole \_\_\_ 2% \_\_\_ 1% \_\_\_ Soy \_\_\_ Almond \_\_\_ Rice \_\_\_

How many ounces of milk per day? \_\_\_\_\_

How many ounces of juice per day? \_\_\_\_\_

Does your child eat a healthy variety of table foods? No \_\_\_ Yes \_\_\_

## Dental:

Any concerns with child's teeth? \_\_\_\_\_

Brushing teeth every day? No \_\_\_ Yes \_\_\_

Has your child seen or are they scheduled to see a dentist? No \_\_\_ Yes \_\_\_

Any cavities? No \_\_\_ Yes \_\_\_

## Elimination:

Any concerns with urine output? No \_\_\_ Yes \_\_\_

Any concerns with bowel movements? No \_\_\_ Yes \_\_\_

## Illness/Injuries/Hospitalizations/Surgeries:

Since the last well visit, has your child:

Had any injuries or admitted to the hospital? No \_\_\_ Yes \_\_\_

Had any surgery? No \_\_\_ Yes \_\_\_

If yes, please explain \_\_\_\_\_

## Family History:

Is there any family history of mental illness, emotional problems, drug or alcohol abuse? If so, please describe \_\_\_\_\_

\*\*\*See Back of Form\*\*\*

## Developmental Milestones

	Not At All	Somewhat	Very Much
Compares things – using words like “bigger” or “shorter” .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Answers questions like “What do you do when you are cold?” .... or when you are sleepy?” .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tells you a story from a book or tv .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draws simple shapes – like a circle or a square.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Says words like “feet” for more than one foot and “men” for more than one man.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words like “yesterday” and “tomorrow” correctly.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stays dry all night....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows simple rules when playing a board game or card game.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prints his or her name.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draws pictures you recognize.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>