WELL CHILD QUESTIONNAIRE FOR 2-5 YEARS OLD

Patient name: _____ Birthdate: _____

Person completing form: _____ Today's date: _____

Please list any changes in the patient's home since the last visit. _____

_____

Please list any medical care the patient has received outside of our office since the last visit. _____

_____

Please list any changes to the patient's FAMILY's medical history since the last visit. _____

_____

Please list all of the patient's current medications. _____

_____

Please list any known food or medication allergies. _____

Please circle or fill in where indicated.

1) How many dairy or non-dairy calcium fortified products does the patient consume on average a day? (ex. cow milk, almond milk, yogurt, cheese) Please note: **children 2 and older should be on low or non fat products**. None 1-2 2-3 3-4 4-5 >5

2) Please list any multivitamin, iron, fluoride or other nutritional supplement the patient is receiving.

_____

3) Which of the following does the patient consume: water juice soda tea

breads/cereals/grains fruits/vegetables Eggs meats fish/shellfish

peanut or tree nut spreads chips or similar snacks cookies/sweets fast food

4) Please list any concerns regarding the patient's bowel movements. _____

_____

5) How many hours does the patient typically sleep at night? _____

How many hours does the patient sleep during the day? _____

Does the patient routinely awaken during the night? _____

Does the patient fall asleep on their own? _____

Does the patient sleep in their own bed? _____

Please list concerns regarding the patient's sleep. _____

6) Please circle what best describes the patient's vocabulary. Uses <20 words Uses 20-200 words

Makes 2-3 word combinations Speaks in short sentences Carries on conversations

7) Please circle what best describes how clear the patient's speech is. Family understands <50% of speech

Family understands 50-75% of speech Family understands almost everything

Strangers needs help understanding patient's speech frequently Strangers understand patient easily

8) Does the patient stutter in 10% or more of speech? YES NO

If yes, does the patient make facial grimacing/seem stressed while speaking? YES NO

9) Do you have concerns regarding the patient's hearing? YES NO

10) Do you have concerns regarding the patient's vision? YES NO

11) Does the patient enjoy playing with other children? YES NO

12) Does the patient seek and give affection? YES NO

13) Does the patient play with toys appropriately? YES NO

14) Please list any group activities the patient attends. (ex. preschool, kindergarten, mother's day out, classes)

_____

15) Please list any concerns you or other caregivers have expressed regarding the patient's social interaction.

_____

16) Please circle what best describes the patient's physical abilities. walks but does not run runs

Kicks a ball throws things overhand climbs up stairs walks up stairs with alternating feet

walks down stairs with alternating feet can pedal a tricycle can balance on each foot for 2-5 sec

hops can walk heel to toe for several feet skips rides a bike without training wheels

17) Please circle what best describes the patient's abilities.

can take off some clothing can put shirt on dresses without help can prepare own snack

can copy a line can copy a circle writes some letters writes name writes all letters

knows 1-3 colors know 4+ colors does not count counts to 5 counts to 10+

can point to pictures of animals/objects knows 2-5 body parts knows 6+ body parts

18) Please list any concerns you or other caregivers have expressed regarding the patient's physical or cognitive abilities. _____

_____

19) The patient should have their teeth brushed twice daily with a small amount of fluoride containing toothpaste. The patient needs a "dental home" for regular check ups and emergencies.

20) The patient must be restrained in a car/booster seat until their 8th birthday or they have reached a height of 4'9". It is safest for the patient to stay in a 5 point harness style seat until they exceed the seat limitations, then full back boosters are preferred over bottom boosters. Replace any car seat that has been in an accident.