

3 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 ___

Smoking:

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 forward facing in vehicle? 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 ___

Is your child potty trained? 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
Talks so other people can understand him or her most Of the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washes and dries hands without help (even if you turn on water).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks questions beginning with “why” or “how” – like “Why no cookie?”	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explains the reasons for things, like needing a sweater when it’s cold.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>