

3 Year Well Child Check

Name _____

Allergies _____ Current Meds _____

Is your child healthy? Yes No _____

Has your child had any recent illness? No Yes _____

Has your child had any injuries? Yes No _____

Does your child take a vitamin or supplement? Yes No

Is there Fluoride in your drinking water? (city water=yes) Yes No

Is your child toilet trained? Yes No

Does your family eat a well-balanced diet? Yes No

Does your child have any problem with stools? No Yes _____

Does your child have any problem with urinating? No Yes

Has there been any recent change to your family structure? No Yes _____

Does anyone in your household smoke? No Yes

Is your child in childcare? No Yes _____

Are you familiar with the 5-3-2-1-0 Healthy Lifestyles? Yes No

Do you have concerns about behavior or discipline? No Yes _____

Are there any unsecured firearms in the house? No Yes _____

Does your child brush with fluoridated tooth paste? Yes No

Do you have any other concerns? _____

Development (Do not complete if given the Ages and Stages Questionnaire)

Does your child jump or kick a ball?	Yes	No
Does your child balance on one foot?	Yes	No
Does your child ride a tricycle?	Yes	No
Does your child know one color?	Yes	No
Does your child draw a circle or a cross?	Yes	No
Does your child sing a song?	Yes	No
Does your child know his/her name, age or sex?	Yes	No
Does your child speak in sentences?	Yes	No
Does your child use "I" and "Me"?	Yes	No
Does your child follow 2-3 step commands?	Yes	No
Does your child help to brush his/her teeth or hair?	Yes	No
Does your child dress him/herself?	Yes	No
Does your child share toys?	Yes	No
Can your child play with other children?	Yes	No
