

Name: _____ DOB: _____ Today's Date: _____



THIRTY MONTH WELL CHILD CHECK

INTERVAL HISTORY

Any changes in your family since last visit? <input type="checkbox"/> Move <input type="checkbox"/> Job change <input type="checkbox"/> Divorce <input type="checkbox"/> None <input type="checkbox"/> Other:
Any relatives diagnosed with new medical issues since last visit? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:

SENSORY / BEHAVIORAL SURVEILLANCE

Are you concerned about your child's hearing? Are you concerned about your child's speech?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you concerned about your child's vision? Do your child's eyes appear unusual or seem to cross, drift, or be lazy? Does your child hold things close when trying to see them? Do your child's eyelids droop or does one eyelid tend to close? Have your child's eyes ever been injured?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
Any concerns about your child's growth / learning / behavior?	<input type="checkbox"/> No <input type="checkbox"/> Yes, describe:

ANEMIA / ORAL RISK ASSESSMENT

Do you ever struggle to put food on the table? Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child see a dentist? Does your child's primary watery source have fluoride (i.e. city water)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes

ANTICIPATORY GUIDANCE:

- Limit TV to 1–2 hours or less each day. Be aware of what your child watches on TV or internet.
- Read books aloud together with your child. This will prepare them for preschool. Let your child choose books.
- Toilet train your child - dress him/her in clothes that he can easily take off by himself. Put him on toilet every 1-2 hours. Read or sing while on the potty. Help your child wash her hands after toileting.
- Consider putting your child in Head Start or preschool. Teach your child letters and numbers.
- Schedule play dates. Let your child socialize and play with other kids.
- Visit zoos, museums, parks, and other places to let your child learn.
- Be active together as a family. Make sure your child is active at home and daycare.
- Use a forward-facing car seat or booster.
- Never leave your child alone in your home or yard, especially near cars, without a mature adult in charge.
- Use sunscreen when planning on being outside for a while.
- Wear helmets when riding bikes.
- Tell your child to ask you if it is ok to pet an animal before doing so.
- Put away matches and other inflammables. Watch your child when around fire, grills. Watch your child around pools.
- Teach your child what to do during a fire or other emergency.