

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_



**THREE YEAR 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 / DEVELOPMENTAL SURVEILLANCE**

Are you concerned about your child's hearing?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you concerned about your child's speech?	<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:
Mark the tasks that your child can do: <input type="checkbox"/> Stacks 6 blocks <input type="checkbox"/> Pretend play <input type="checkbox"/> Toilet trained during day <input type="checkbox"/> Throws overhand <input type="checkbox"/> Names a friend <input type="checkbox"/> Converses with 2-3 sentences <input type="checkbox"/> Walks up the stairs switching feet <input type="checkbox"/> Identifies self as girl or boy <input type="checkbox"/> Draws person with 2 body parts <input type="checkbox"/> Balances on each foot <input type="checkbox"/> Can name and use cup, spoon, ball, and crayon <input type="checkbox"/> Can help take care of himself by feeding and dressing <input type="checkbox"/> Copies circle <input type="checkbox"/> Usually understandable	

**ANEMIA / LEAD / TB / ORAL RISK ASSESSMENT**

Do you ever struggle to put food on the table?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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
Does your child have a sibling or playmate who has had lead poisoning?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child live/visit a house or daycare built before 1978?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child live near or are around adults who work in battery factory, steel mill or other industry?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child chew or eat paint chips or dirt?.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your child spent >1 wk in South or Central America, Africa, or Asia since last blood test?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child use any ethnic folk remedies, imported cosmetics, or candies made outside the US?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Was your child born in a country where tuberculosis is prevalent (outside the US)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your child traveled (>1 week) to a country at high risk of tuberculosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your child had contact with anyone with tuberculosis or a positive PPD test?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is your child infected with HIV?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child see a dentist?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child's primary watery source have fluoride (i.e. city water)	<input type="checkbox"/> No <input type="checkbox"/> Yes

**ANTICIPATORY GUIDANCE:**

- Read together and talk about a book's story to help your child learn how to read.
- Point out stop signs and other signs everywhere you go to teach your child to read.
- Ask your child to talk to you about his/her friends and activities he/she did that day.
- While awake, kids should not be inactive >1 hour at a time. Do activities together as a family.
- No more than 2 hrs of TV per day! Don't put TV in your child's bedroom. Be careful when he/she watches.
- As a parent, try to connect with friends and make time to enjoy some time for yourself.
- Join parent groups in your community or on Facebook. Be aware that others may have different parenting styles.
- Show your child how to handle anger: give him/her alone time, show him to talk respectfully. Tell him/her not to hit or fight right away. As punishment, use time-out or take away what's causing the problem.
- Your child should be sitting in a forward-facing car seat or booster in the back seat of all vehicles.
- Never leave your child alone in the car, yard, or house. Never let young siblings watch over your child.