

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



FOUR 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:	

BEHAVIORAL / DEVELOPMENTAL SURVEILLANCE

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"/> Builds tower of 8 blocks <input type="checkbox"/> Hops on foot <input type="checkbox"/> Knows name, age, & gender <input type="checkbox"/> Copies a cross <input type="checkbox"/> Names 4 colors <input type="checkbox"/> Draws person with 3 parts <input type="checkbox"/> Plays board or card games <input type="checkbox"/> Can balance on each foot <input type="checkbox"/> Brushes own teeth <input type="checkbox"/> Dresses self, including buttons <input type="checkbox"/> Others can understand what he is saying <input type="checkbox"/> Pretend play with self and others	

ANEMIA / LEAD / TB / CHOLESTEROL / 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 have parents or grandparents who've had stroke or heart problems before age 55?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child have a parent with high cholesterol (>240 mg/dL) or taking cholesterol medication?	<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:

- Take your child to the library and let him/her choose books.
- Give your child plenty of time to finish sentences.
- Show your child how to apologize, and help him/her do so after hurting another person's feelings.
- Join parenting groups in your community or on Facebook. Make fellow parent friends.
- Use correct words for body parts when your child becomes interested in gender differences.
- Teach your child that: no one should ask to keep a secret from parents, no one except parents and doctor should ask to see private parts.
- Have relaxed family meals together, without the TV on. Use dinner time to socialize with each other.
- Have your child brush teeth twice a day with small amount of fluoride toothpaste. Brush after him/her.
- Use forward-facing car seat or booster seat in the backseat of all vehicles.
- Never leave your child alone in the car, house, yard, or near street. Don't let him/her cross the street alone.
- Limit TV time to no more than 2 hours per day. Discuss the TV programs you watch together as a family.