Well Child Visit: 3-4 Years

Name: _____ **DOB:** _____ **Date:** _____

Current Medications		Drug / Food Allergies			Accompanied By		
Age □ **M** □ **F**	**Ht.**	**Wt.**	**BMI and %ile**	**B/P**	**HR**	**Temp.**	**Interpreter: Y / N**

Past Medical History

Recent illness: □ Yes □ No _____

_____

Child has dental home: □ Yes □ No

_____

Vision concerns: □ Yes □ No _____

Hearing concerns: □ Yes □ No _____

F/u previous concern: □ None _____

Interval History

Sleep: □ NL_____

Elimination: □ NL _____

Toilet training: □ Yes □ No _____

Behavior: □ NL _____

Play time >60 mins/day: □ Yes □ No _____

Activities / sports: _____

Screen time <2hr/day: □ Yes □ No _____

Nutrition

Appetite: □ NL _____

Fruits / vegetables: □ Yes □ No _____

Milk / calcium: □ Yes □ No _____

↓ sugary drinks: □ Yes □ No _____

Snack habits: □ NL _____

Concerns: □ Yes □ No _____

Social / Family History

Lives at home with:_____

Tobacco smoke exposure: □ Yes □ No _____

Parent / child interaction: □ Yes □ No _____

Parents working outside home: □ Mother □ Father

Child care: □ Yes □ No Type: _____

Family / work balance: □ Yes □ No_____

WIC: □ Yes □ No _____

Growth-Development

Cognitive: □ NL _____

- Identifies self as girl/boy; names 3-4 colors; draws person with 3 parts

Physical: □ NL _____

- Copies a circle/cross; rides tricycle; walks up stairs alternating feet

Language: □ NL _____

- Clear speech; sentences; gives first & last name; sings a song

Social: □ NL _____

- Self-care skills (dresses self, etc.) imaginary play; listens to stories

Preschool: □ Yes □ No _____

Parental Concerns: _____

_____

Physical Exam (checked □ = normal)

□ **General** (Alert, NAD, socialization NL)
□ **Head** (No deformities, symmetric)
□ **Eyes** (PERRL, EOMI, + RR, cover test, lids NL, conjunctivae/sclera clear)
□ **Ears** (Canals clear, TMs normal, orients to sounds, voice)
□ **Nose** (Mucosa NL, septum NL, patent)
□ **Mouth/Throat** (MMM, palate intact, lips NL, tongue NL, no oral lesions, no erythema)
□ **Teeth** (Gums NL, dentition NL, no staining, no caries or white spots)
□ **Heart** (No murmurs, + femoral pulses)
□ **Lungs** (Clear breath sounds)
□ **Abdomen** (Soft, non-tender, no masses)
□ **Skin** (No rashes, no lesions)
□ **Neuro** (Tone, symmetry, strength, gait NL)
□ **Extremities** (Full ROM, strength/tone NL)
□ **Genitalia**
Male (Penis NL: circ/uncir, no adhesions)
Female (Labia/clitoris NL, no discharge)
Tanner Stage: _____

Abnormal Findings

Assessment

□ Well child
□ Normal growth and development
□ IMMS UTD
□ IMMs due _____

Anticipatory Guidance

□ **Behavior** (Consistent discipline, encourage play with other children, encourage fantasy play, emerging independence)
□ **Safety** (Bike helmet, playground and stranger safety, avoid second hand smoke)
□ **Health Promotion** (Family meals, nutrition, brush teeth, hand washing, daily physical activity, family exercise activities, limit TV/screen time)
□ **Development** (Toilet training, playtime with other children, preschool, language: read every day, listen and respond to child, sing songs together)

Plan

□ Dental fluoride varnish every 3-6 mos. either primary care or dental office
□ Fluoride supplementation risk assessment
□ TB testing based on risk factors
□ Iron Deficiency Anemia risk assessment
□ Dyslipidemia risk assessment (4 yo)
□ Immunizations (See immunization record)
□ Education handout given

□ Hearing screen: □ NL_____ (4 yo)
□ Lead screening #2
(If Lead screening #2 not completed at 24 mos. or 30 mos. visit)
□ Vision acuity: R___/___ L___/___ Both___/___ (3 yo and 4 yo)

Next Appointment: _____ **Signature:** _____ **Date:** _____

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Notes:

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