



Well Child Health Screen: 3-4 Years

Name: _____ Birthdate: _____ Visit Date: _____

General Health Updates

Who is completing this form?	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other, please list:
Any questions, concerns, or problems you want to discuss today?	
Any updates to the patient's health? (i.e. new conditions, surgeries, etc.)	
Any family health, family status or social updates we should be aware of?	
Any concerns about development, learning or behavior?	
Who lives with the patient?	
Any smoke or e-cigarette exposure?	
Anything else you want to share? (milestones, proud moments, etc.)	

Development

The following section is used to make sure they are developing normally. Each set of milestones is generally achievable by 75% of children of the same age. If you have questions/concerns, please talk to your provider.

If they are nearest 3 years , check the items they can do most of the time:	<input type="checkbox"/> Talks well enough for others to understand, at least half of the time	<input type="checkbox"/> Uses a fork
	<input type="checkbox"/> Draws a circle or straight line when you show them how	<input type="checkbox"/> Asks questions beginning with "who," "what," "where," or "why", like "Where is mommy/daddy?"
If they are nearest 4 years , check the items they can do most of the time:	<input type="checkbox"/> Puts on some clothes by themselves, like loose pants or a jacket	<input type="checkbox"/> Says what action is happening in a picture or book when asked, like "running," "eating," or "playing"
	<input type="checkbox"/> Pretends to be something else during play (teacher, superhero, dog)	<input type="checkbox"/> Names a few colors of items
	<input type="checkbox"/> Avoids danger, like not jumping from tall heights at the playground	<input type="checkbox"/> Tells what comes next in a well-known story
	<input type="checkbox"/> Says sentences with four or more words	<input type="checkbox"/> Draws a person with three or more body parts
	<input type="checkbox"/> Talks well enough for others to understand, most of the time	<input type="checkbox"/> Catches a large ball most of the time
	<input type="checkbox"/> Holds crayon or pencil between fingers and thumb (not a fist)	<input type="checkbox"/> Holds crayon or pencil between fingers and thumb (not a fist)
	<input type="checkbox"/> Says some words from a song, story, or nursery rhyme	<input type="checkbox"/> Can pedal a tricycle

Health Risk Screening

The following questions may prompt your provider to complete further testing, depending on the answer. Ask your provider if you have any questions about these health screening questions.

Do you have concerns about their hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about low iron levels or anemia?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Life

Are there barriers that prevent you from spending time each day interacting with them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does anyone in the home/family have problems with drugs or alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Decline
Do you have questions or concerns about toilet training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Nutrition

Do you have concerns or questions about what or how they are eating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you eat together as a family?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes <input type="checkbox"/> Never
Do they drink juice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Oral Health

Does anyone in the house have current dental decay/cavities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Do they take extra fluoride OR drink water that contains fluoride?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Do you brush their teeth twice a day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you interested in having fluoride varnish applied during this visit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Have they been to a dentist in the last 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Sleep

Healthy sleep is important for growth, development, and learning. Infants and toddlers may sleep 15-18 hours in a day, while school-aged children should be getting more than 10 hours a day. We do not recommend having a screen in their bedroom as this can affect sleep.

Do you have any concerns about the amount or quality of their sleep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Activity & Screen Time

Does the patient spend more than two hours per day in front of a screen (TV, phone, video games, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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School

Do they go to school, preschool, or daycare? If so, where?	
Do you have any concerns about them starting school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Safety

Do you have any questions about what to do when they outgrow their current car safety seat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use sunscreen regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have questions about how to keep them safe around water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do they wear a helmet every time they ride a bike, scooter, skateboard, ski/snowboard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any questions about how to demonstrate safe behavior around pets and animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have guns in your home, are they stored safely (locked with ammunition stored separately)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't have guns