Well Child Visit: 3-4 Years

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

Current Medications		**Drug/Food Allergies**			**Accompanied By**	
Age □M □F	**Ht.**	**Wt.**	**BMI**	**BMI %ile**	**B/P**	**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 □ In process
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:_____
Parent/ child interaction: □ Yes □No _____
Parents working outside home: □ Mother □ Father
Child Care: □ Yes □No Type: _____
Family/ Work balance: □ Yes □No_____
Recent family stressors: □ Yes □No_____
Smoke exposure: □ Yes □ No _____

Growth-Development

Cognitive: □ NL _____
- identifies self as girl or 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, 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

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

□ Education handout given
□ Immunizations (See immunization record)
□ Vision acuity: R___/___ L___/___ Both___/___
□ Lead screen (if not previously done)
□ Hearing screen: □ NL_____
□ Dental referral

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