

4 Year Well Visit Questions

Name, date of birth _____

Who is your child here with today? _____

Illnesses, injuries, surgeries, hospitalizations since last visit? _____

Medications: _____

Medication allergies: _____

Immunization reactions: _____

SOCIAL:

Changes in child's environment? _____

Who lives with the child in your home? # ___ Mom, # ___ Dad, # ___ Brother, # ___ Sister, _____ other

Water source: CITY, WELL, BOTTLED

Tobacco exposure: YES, NO

Pets? _____

Daycare: YES, NO Preschool? YES, NO

Has your child seen a dentist? YES, NO

FEEDING:

Milk: Whole, 2%, 1%, Soy? _____

Good amount and variety of solid foods? YES, NO

Vitamins? YES, NO

How many ounces of sweetened beverages does your child drink daily? _____

ELIMINATION: Any issues urinating or with bowel movements? _____

Bedwetting? YES, NO, RARELY

Daytime accidents? YES, NO, RARELY

SLEEP: how many hours does your child sleep without waking? _____

Does your child snore? YES, NO

BEHAVIOR

Tantrums: YES, NO

Shy: YES, NO

Aggressive: YES, NO

Disobedient: YES, NO

Using pacifier? YES, NO

DEVELOPMENT:

1- Hops, jumps, and runs: YES, NO

2- Catches a bounced ball: YES, NO

3- Dresses him/herself(shirt/shorts): YES, NO

- 4- Copies a circle and a square: YES, NO
- 5- Draws a person with 4 parts: YES, NO
- 6- Speaks clearly: YES, NO
- 7- Says 5-6 word sentences: YES, NO
- 8- Recalls parts of a story: YES, NO
- 9- Cooperates with other kids: YES, NO
- 10- Engages in pretend play: YES, NO
- 11- Displays independence: YES, NO
- 12- Writes part of first name: YES, NO
- 13- Brushes his/her teeth alone: YES, NO
- 14- Counts to 5 aloud: YES, NO
- 15- Identifies 5 colors: YES, NO
- 16- Understands same/different: YES, NO
- 17- Tell stories: YES, NO

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Lead Questions:

- Does your child live in or often visit a house that had been built before 1978? YES, NO
- Does your child live in or often visit a house that is being remodeled or is having paint removed? YES, NO
- Does your child live with or often visit another child who has an elevated lead level? YES, NO
- Does your child have a hobby that uses lead? YES, NO
- Does your child chew on or non-food items like paint chips or dirt? YES, NO
- Does the child live near an active lead smelter, battery recycling plant, or other industry likely to release lead? YES, NO

TB Questions

- Does your child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss or fatigue) or abnormal chest x-ray?
YES, NO, UNKNOWN
- Has your child been in close contact with a person sick with active TB? YES, NO, UNKNOWN
- Has your child been exposed to anyone who has been in jail or prison in the past 5 years? YES, NO, UNKNOWN
- Was your child born outside of the U.S. or has your child traveled outside the U.S.? YES, NO, UNKNOWN
- Does your child have a household member who was born outside the U.S. or who has traveled outside the U.S.? YES, NO, UNKNOWN
- Has your child been exposed to any of the following?
 - HIV infected individuals? YES, NO, UNKNOWN
 - Homeless persons YES, NO, UNKNOWN
 - Users of IV and/or other street drugs? YES, NO, UNKNOWN

Residents of nursing homes or group home? YES, NO, UNKNOWN

Migrant workers? YES, NO, UNKNOWN

Does your child have HIV, or risk factors for HIV or any other health problem that could lower the immune system? YES, NO, UNKNOWN

Has your child ever been in jail? YES, NO, UNKNOWN

International Travel: Exposure to anyone who has traveled outside the United States in last 60 days: YES, NO,