

PEDIATRIC VISIT 3 YEARS

DATE OF SERVICE _____

NAME _____

M / F DATE OF BIRTH _____ AGE _____

WEIGHT _____ / _____ % HEIGHT _____ / _____ % BMI _____ % TEMP _____ BP _____

HISTORY REVIEW/UPDATE: *(note changes)*

Medical history updated? Yes / No _____

Family health history updated? Yes / No _____

Reactions to immunizations? Yes / No _____

Concerns: _____

PSYCHOSOCIAL ASSESSMENT:

Sleep: _____ Child care: _____

Recent changes in family: *(circle all that apply)*

New members, separation, chronic illness, death, recent move, loss of job, other _____

Environment: Smokers in home? Yes / No

Violence Assessment:

History of injuries, accidents? Yes / No

Evidence of neglect or abuse? Yes / No

RISK ASSESSMENT: CHOL TB LEAD

(Circle) Pos / Neg Pos / Neg Pos / Neg

MENTAL HEALTH ASSESSMENT:

Problem identified? No Yes _____

Referral? No Yes To: _____

Counseling provided? No Yes _____

PHYSICAL EXAMINATION

Wnl Abn *(describe abnormalities)*

Appearance/Interaction

Growth

Skin

Head/Face

Eyes/Red reflex

Cover test/Eye muscles

Ears

Nose

Mouth/ Gums/Dentition

Neck/Nodes

Lungs

Heart/Pulses

Chest/Breasts

Abdomen

Genitals

Musculoskeletal

Neuro/Reflexes

Vision *(gross assessment)*

Hearing *(gross assessment)*

Signatures: _____

NUTRITIONAL ASSESSMENT:

Typical diet *(specify foods):*

Education: Offer variety of nutritious foods/snacks May be picky

Eats same foods as family

DEVELOPMENTAL SCREENING: *(With Standardized Tool)*

ASQ: PEDs Other: *(specify)* _____

Results: Wnl Areas of Concern: _____

Referred: Yes / No Where? _____

DEVELOPMENTAL SURVEILLANCE: *(Observed or Reported)*

Social: Dresses self Separates easily Plays interactive games

Fine Motor: Copies: 0 _____ + _____ _____

Language: Understands 2 of 3: cold, tired, hungry

Understands 3 of 4 prepositions (block is on, under, behind in front of

table) Speech clear to examiner Recognizes 3-4 colors

Uses plurals Gives first and last name Knows sex (boy/girl)

Gross Motor: Balances on 1 foot for 1 second Jumps well

Broad jump Pedals tricycle

ANTICIPATORY GUIDANCE:

Social: Needs peer contact Caution with strangers/animals

Sibling rivalry Develops pride with accomplishments

Caution with strangers/animals

Parenting: Time out for serious misbehavior Praise child

Help child to release energy Avoid smacking, spanking

Encourage talk about feelings (instead of misbehaving)

Dependency needs alternate with independence

Read parenting books Special times alone with child

Play and communication: Excursions, outdoor play, art Library

Read to child Make up stories together Screen TV shows

Health: Dental care Fears Physical activity

Begin sex education (boy/girl differences, "private parts", etc)

Masturbation Fluoride if well water Tick prevention

Second hand smoke Use sunscreen

Injury prevention: Car seat Rear riding seat Bicycle helmets

Riding toys in traffic Matches Smoke detector/escape plan

Poisoning (Plants, drugs, chemicals) Poison control #

Hot water temp Choking/suffocation Fall prevention (heights)

Firearms (owner risk/safe storage) Water safety (tub, pool)

Toddler proof home

PLANS/ORDERS/REFERRALS

1. Review immunizations and bring up to date _____

2. Review Lead and HCT results Refer for testing if none _____

3. PPD, if positive risk assessment _____

4. Dental visit advised or date of last visit _____

5. Testing/counseling, if positive cholesterol risk assessment _____

6. Next preventive appointment at 4 Years

7. Referrals for identified problems: Yes / No *(specify)*