

Your Child's 3 Year Well-Visit

Child's Name _____

Child's Date of Birth _____

This form will help us give your child the best care possible. We will use it to focus the visit on the information you would like to receive.

This tool was developed by the Child and Adolescent Health Measurement Initiative (CAHMI). Visit www.wellvisitplanner.org or contact cahmi@ohsu.edu for further information.

Your Name: _____ Your relationship to the child: _____

Share with me one thing that *your child is able to do* that you are excited about: _____

Are there any specific *concerns* you want to discuss today? No Yes _____

Have there been any *major* changes in your family lately? None Move Job Change Separation Divorce

Death in the family Other? Describe: _____

GENERAL HEALTH INFORMATION

	Yes	No
Since your last visit, has your child had any <i>major</i> illnesses and/or hospitalizations?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had a bad reaction to a vaccine (temp > 104, inconsolable crying > 3 hours)?	<input type="checkbox"/>	<input type="checkbox"/>
Have any of your child's relatives developed new medical problems since the last visit?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have concerns about how your child speaks?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child live with both parents in the same home?	<input type="checkbox"/>	<input type="checkbox"/>
Do any adults who are around your child smoke? (includes inside or outside the house)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a dentist for your child?	<input type="checkbox"/>	<input type="checkbox"/>
In general, how well do you feel you are coping with the day-to-day demands of parenthood? <input type="checkbox"/> Not well at all <input type="checkbox"/> Not very well <input type="checkbox"/> Somewhat well <input type="checkbox"/> Well <input type="checkbox"/> Very well		

PICK YOUR PRIORITIES: UP TO FIVE Tell us what you want to talk about today by checking up to **5** boxes **TOTAL** from the topics below (fewer than 5 is OK, too). Find information on the topics below at www.wellvisitplanner.org/education.

Your Child & Your Family

- Importance of family time & eating meals together
- Ways to guide & discipline your child
- Your child's moods & emotions
- Sibling rivalry
- Balancing work and family
- Alternative/natural care therapies or products you may use with your child

Promoting Physical Activity

- Importance of physical activity for your child
- Importance of outside family activities that involve playing, walking, running or playing chase
- Television - how much TV is ok

Encouraging Language Development

- Importance of singing songs to your child
- Importance of using simple words, asking simple questions & repeating what your child said
- Ways to read to your child, such as asking him to talk about what he sees and how he feels about the story

Playing With Peers

- Behaviors to expect in the next few months
- How your child gets along with others
- Playtime with other children for your child
- Fun games to play with your child

Your Child's Safety

- Preventing injuries indoors & outdoors
- Installing a car seat correctly/when to use a booster seat
- Supervising your child near all streets/driveways-never crossing the street alone
- Importance of your child wearing a helmet
- Preventing falls from stairs, windows & other dangerous places
- Gun safety at home & places your child visits

Other

- _____
- _____

YOUR GROWING AND DEVELOPING CHILD

Do you have any specific concerns about your child's learning, development or behavior? Not at all A little A lot
Describe: _____

Do your child's eyes appear unusual or seem to cross, drift or be lazy? Yes No

Do you have any concerns about how your child hears? Yes No

Please check each task your child is able to do right now.

Gross Motor

- Throw a ball overhand
- Jump forward, both feet leaving the floor at the same time
- Balance on each foot for 1 second

Fine Motor

- Stack 6 blocks or toys to build a tower
- Use a turning motion with his/her hand, i.e. turning a doorknob
- Copy a straight line
- Stack 8 small blocks or toys to build a tower

Social/Emotional

- Name a friend
- Pretend play such as "playing house"
- Help take care of him/herself by feeding & dressing

Cognitive/Communicative

- Name 4 pictures (such as cat, dog, ball, man)
- Brush teeth with help
- Name 1 color
- Know 2 adjectives (a word that describes a person, place or thing such as "pretty" or "happy")
- All child's speech is understandable