

Jessica Davis MD

The New Mom's Family Doctor
 781 Hudson Avenue | PO Box 173 | Stillwater, NY 12170
 phone: 877.664.6116 | email: DrJess@jessicadavismd.com

THREE to FOUR YEAR WELL CHILD VISIT

PARENT SECTION: Please check yes or no and fill in the blanks.

GENERAL ISSUES			DISCUSSION TOPICS
Yes	No	Overall, I feel confident that my child is doing well	Parenting support Appropriate self-expression Conflict resolution Time-out procedures Setting limits/consistency Emerging autonomy Praise
Yes	No	I have enough help with parenting responsibilities	
No	Yes	There have been recent changes or stresses in our family	
No	Yes	I have concerns about sibling conflicts	
No	Yes	My child attends daycare/preschool	
No	Yes	My child's behavior is very challenging	
No	Yes	I have questions about tantrums or discipline	
NUTRITION/SLEEP			*****
No	Yes	I have questions about my child's eating habits or growth	Vit D, calcium, fiber, iron sources 2% milk <16 oz./ day Avoid sweets Limit juice intake Avoid mealtime struggles
Yes	No	My child eats a balanced diet	
Yes	No	I am happy with my child's sleep schedule	
Yes	No	We use a consistent bedtime routine	
Yes	No	My child sleeps in his/her own bed	*****
VOIDING/STOOLING			*****
Yes	No	My child is toilet trained (day and night)	*****
No	Yes	My child has hard or painful bowel movements	
DEVELOPMENT			*****
No	Yes	I have questions about my child's development	R-PDQ if concerns Encourage language development Limit screen time Playmates Reading routines
Yes	No	My child uses 3 word sentences	
Yes	No	My child's speech is understandable to others	
Yes	No	My child can dress himself/herself	
Yes	No	My child can pedal a tricycle and jump up and down	
Yes	No	My child can draw a circle and a straight line	
Yes	No	I read to my child every day	*****
PREVENTION			*****
No	Yes	My child lives with someone who smokes cigarettes	Smoking cessation Assess TB risk
No	Yes	My child or another person living with us was born outside the U.S. or has traveled to Asia, Mexico, Latin America, or Africa	
-	-		Car seat >40#, Booster until 60# Firearms stored safely Accident prevention/supervision Poison control 800-222-1222 Injuries #1 cause of death Skin cancer risk Water safety Tooth care routines Promote physical activities
No	Yes	I have a family member who has had Tuberculosis	
Yes	No	I always keep my child in a car seat and in the back seat	
No	Yes	We have a gun at home	
Yes	No	Tools and matches are kept out of reach	
Yes	No	I have smoke alarms and test them regularly	
Yes	No	I use sunscreen to protect my child's skin	
Yes	No	My child has been to the dentist	
Yes	No	I help my child brush his/her teeth	
Yes	No	I give fluoride supplements daily	
Yes	No	My child gets some exercise every day	
No	Yes	Is there anything else you want to discuss today?	
Mortality leaders: injuries due to falls, drowning, poisons, burns, auto accidents			