



WELL CHILD VISIT

3 & 4 Year

Name _____ Age in Years _____ Date of Visit _____

Concerns/Discussion

- Family concerns
- Illnesses/Accidents
- Behavior/Discipline
- Daycare/Pre-school concerns
- Toilet training
- Observe parent/Child interaction
- Other concerns

Nutrition Guidance

- 3 meals & 2-3 nutritious snacks/day
- Offer variety of foods
- Let child choose what and how much to eat
- Have pleasant family meals
- No fighting or forcing
- Provide a good example by eating healthy yourself
- Use low-fat dairy products

Developmental/Behavioral

- 3-4 word sentences; intelligible to strangers most of the time
- Jumps in place and/or hops on one foot
- Rides tricycle and/or bicycle with training wheels
- Knows names, age and sex
- Starting to draw
- Throws ball overhand (4 yrs)
- Shows imagination
- Self-care skills (feeding, dressing)
- Challenges authority and discipline
- Understands "sharing"

Physical Exam

- General
- Wt _____ % _____
- Ht _____ % _____
- Monitor growth chart
- Blood pressure _____
- Temp _____
- Skin
- Nodes
- Head
- Eyes
- Ears
- Nose
- Oropharynx
- Neck
- Chest/Breast
- Lungs
- Cardiovascular
- Abdomen
- Genitalia
- Back & Extremities
- Neuro
- Evidence of Neglect/Abuse

Screening/Immunizations

Screening

- Hearing
 - 3 yrs, exam and history
 - 4 yrs, audiologic screen (pure tone)
- Vision—Distance visual acuity (if cooperative)
- Lead—Screen high risk
- Anemia—Screen high risk
- Hyperlipidemia—Screen high risk

- Tuberculosis—PPD for high risk
- Dental
 - Discuss care and fluoride
 - Recommend dental visit

Immunizations

- Per ACIP schedule
- Review record & "catch up" as needed

Sexuality Discussion

- Answer questions at age appropriate level
- Use correct terms for genitals
- Normal to play with all body parts
- Discuss "privacy" issues

Anticipatory Guidance

- Injury/Accident prevention (gun, car/airbag concerns, swimming pool safety, pedestrian safety, bicycle safety)
- "Stranger" discussion
- Discipline
 - Praise good behavior, reasonable expectations, stress consistency, time out discussion (avoid hitting, spanking, yelling)
- Limit TV/Encourage physical activity
- Increase reading to child
- Preschool and school readiness
- Encourage activities with other children

Immunizations given:

Record all abnormal findings below.

Assessment and Plan: _____

PHN Referral (if indicated) _____ WIC Referral (if indicated) _____

Physician Signature: _____