

COOKEVILLE PEDIATRIC ASSOCIATES, P.C.
3 YEAR CHECKUP QUESTIONNAIRE

PATIENT: _____ GUARANTOR: _____
DOB: ___/___/___ DATE: ___/___/___

Source of information: (check one)
Mother _____
Father _____
Other (specify) _____

Which of the following do you have? (check one)
City water _____ Well water _____ Bottled water _____ Spring water _____

Has the child experienced any of the following?
Hearing loss: Yes _____ No _____
Evidence of hearing loss: Yes _____ No _____
Eyesight problems: Yes _____ No _____
Family history of high cholesterol: Yes _____ No _____
Family history of heart attacks before age 55: Yes _____ No _____

NUTRITION: WIC services? Yes _____ No _____
DIETARY HISTORY: Milk type and amount _____
Juice amount _____
Fruit _____
Vegetables _____
Meats _____

PROBLEMS: Constipation? Yes _____ No _____
If yes, describe: _____
Sleep problems? Yes _____ No _____
If yes, describe: _____

DEVELOPMENTAL: Can copy a circle Yes _____ No _____
Kicks a ball forward Yes _____ No _____
Recognizes 3 of 4 colors Yes _____ No _____
Jumps Yes _____ No _____
Knows name, age and sex Yes _____ No _____
Can ride tricycle Yes _____ No _____
Can copy a cross Yes _____ No _____

LEAD: (Mandatory questions)

Does the child live in or regularly visit a house/apartment built before 1950? This could include a daycare center, home of a baby sitter, or a relative?
Yes _____ No _____ Unsure _____

Does the child live in or regularly visit a house/apartment built before 1978 with recent or ongoing remodeling?
Yes _____ No _____ Unsure _____

Does the child have a sibling or playmate that has or did have lead poisoning?
Yes ___ No ___ Unsure ___

Does the child live near or visit with someone who lives near a lead smelter, battery recycling plant or other industry that could release lead or has a hobby which uses lead such as welding, construction, or pottery making?
Yes ___ No ___ Unsure ___

Does your child frequently come in contact with an adult who works with lead? (construction, pottery, welding, etc.)
Yes ___ No ___ Unsure ___

TUBERCULOSIS: (Mandatory questions)

Has the child been in close contact with a person with infectious tuberculosis?
Yes ___ No ___ Unsure ___

Does the child have HIV infection or considered at risk for HIV infection?
Yes ___ No ___ Unsure ___

Is the child foreign born (especially if born in Asia, Africa or Latin America), a refugee, or an immigrant?
Yes ___ No ___ Unsure ___

Is the child in contact with the following individuals? HIV infected, homeless, nursing home residents, institutionalized or incarcerated adolescents or adults, illicit drug users or immigrant farm workers?
Yes ___ No ___ Unsure ___

Does the child have a depressed immune system, either because of disease or treatment of disease?
Yes ___ No ___ Unsure ___

Does the child live in an established "high risk for tuberculosis" community or area?
Yes ___ No ___ Unsure ___

Risk Assessment Questionnaire

Patient's Name _____ DOB ____/____/____

Assessment Date ____/____/____

Lead (ages 6 – 72 months): Mandatory questions

	Yes	No	Unsure
Does the child live in or regularly visit a house/apartment built before 1950? This could include a daycare center, home of a baby sitter, or a relative.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child live in or regularly visit a house/apartment built before 1978 with recent or ongoing remodeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have a sibling or a playmate that has, or did have lead poisoning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lead (ages 6 – 72 months): Optional questions

	Yes	No	Unsure
Does child live near or visit with someone who lives near a lead smelter, battery recycling plant or other industry that could release lead or has a hobby which uses lead such as welding, construction, or pottery making?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child frequently come in contact with an adult who works with lead (construction, welding, pottery, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that your child has low iron?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child live in or regularly visit a house(or daycare facility) built before 1960?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your family use pottery ware or lead crystal for cooking, eating or drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has child been seen eating paint chips, crayons, or soil/dirt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is child given any home or folk remedies that may contain lead (may include moonshine Azarcon, Greta, Payloohah)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your home's plumbing have lead pipes or copper pipes with lead solder joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note: Lead level laboratory tests are mandatory at 12 and 24 months.

Tuberculosis (Initiate @ one- year)

	Yes	No	Unsure
Has child been in close contact with a person with infectious tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does child have HIV infection or considered at risk for HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is child foreign born (especially if born in Asia, Africa or Latin America), a refugee, or an immigrant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is child in contact with the following individuals? HIV infected, homeless, nursing home residents, institutionalized or incarcerated adolescents or adults, illicit drug users, or migrant farm workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does child have a depressed immune system, either because of disease or treatment of disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does child live in an established "high risk for tuberculosis" community or area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cholesterol (Initiate @ two- years)

	Yes	No	Unsure
Does child have risk factors for future coronary disease such as physical inactivity, obesity, or Diabetes Mellitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a family history (parents and grandparents) of coronary or peripheral vascular disease below age 55?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a family history (parents and grandparents) of elevated blood cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Bright Futures Parent Handout 3 Year Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

ENCOURAGING LITERACY ACTIVITIES

Reading and Talking With Your Child

- Read books, sing songs, and play rhyming games with your child each day.
- Reading together and talking about a book's story and pictures helps your child learn how to read.
- Use books as a way to talk together.
- Look for ways to practice reading everywhere you go, such as stop signs or signs in the store.
- Ask your child questions about the story or pictures. Ask him to tell a part of the story.
- Ask your child to tell you about his day, friends, and activities.

PROMOTING PHYSICAL ACTIVITY

Your Active Child

Apart from sleeping, children should not be inactive for longer than 1 hour at a time.

- Be active together as a family.
- Limit TV, video, and video game time to no more than 1–2 hours each day.
- No TV in your child's bedroom.
- Keep your child from viewing shows and ads that may make her want things that are not healthy.
- Be sure your child is active at home and preschool or child care.
- Let us know if you need help getting your child enrolled in preschool or Head Start.

FAMILY SUPPORT

Family Support

- Take time for yourself and to be with your partner.
- Parents need to stay connected to friends, their personal interests, and work.
- Be aware that your parents might have different parenting styles than you.
- Give your child the chance to make choices.
- Show your child how to handle anger well—time alone, respectful talk, or being active. Stop hitting, biting, and fighting right away.
- Reinforce rules and encourage good behavior.
- Use time-outs or take away what's causing a problem.
- Have regular playtimes and mealtimes together as a family.

SAFETY

Safety

- Use a forward-facing car safety seat in the back seat of all vehicles.
- Switch to a belt-positioning booster seat when your child outgrows her forward-facing seat.
- Never leave your child alone in the car, house, or yard.
- Do not let young brothers and sisters watch over your child.
- Your child is too young to cross the street alone.
- Make sure there are operable window guards on every window on the second floor and higher. Move furniture away from windows.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun. Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.
- Supervise play near streets and driveways.

PLAYING WITH PEERS

Playing With Others

Playing with other preschoolers helps get your child ready for school.

- Give your child a variety of toys for dress-up, make-believe, and imitation.
- Make sure your child has the chance to play often with other preschoolers.
- Help your child learn to take turns while playing games with other children.

What to Expect at Your Child's 4 Year Visit

We will talk about

- Getting ready for school
- Community involvement and safety
- Promoting physical activity and limiting TV time
- Keeping your child's teeth healthy
- Safety inside and outside
- How to be safe with adults

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of Bright Futures Tool and Resource Kit. Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.