PEDIATRIC HEALTH
ASSESSMENT HEALTH
2 TO 3 YEARS

CHILD'S NAME: _____ DATE: _____AGE: _____

ALLERGIES (MEDICINES, FOOD, ETC): _____

ALL MEDICATIONS: _____

CURRENT PAST MEDICAL PROBLEMS: _____

_____

PRESENT CONCERNS/PROBLEMS: _____

_____

ACCOMPANIED BY: _____ RELATIONSHIP: _____

DAILY LIVING: (FILLED OUT BY PARENT OR GUARDIAN)

DIET: circle type MILK – WHOLE, 2%, 1%, SKIM (HOW MANY SERVINGS/DAY)_____
DAIRY OTHER THAN MILK-CHEESE, YOGURT(SERVINGS/DAY)_____
MEALS (SERVINGS/DAY) CEREAL/BREAD/GRAIN_____ FRUIT_____ VEGS_____ MEAT/PROTEIN_____
JUICES (CUPS/DAY)_____ SNACKS(HOW MANY/WHAT KIND?)_____
WATER (CUPS/DAY)_____ CIRCLE: CITY/WELL WHAT OTHER DRINKS (CUPS/DAY)_____
HOW OFTEN DOES CHILD EAT OUT?_____(TIMES/WEEK)
Circle which ones VITAMINS/FLUORIDE/IRON…… ☐ NO ☐ YES

ANY ACCESS TO WEAPONS?…… ☐ NO ☐ YES
ANY SIBLING RIVALRY OR JEALOUSY?…… ☐ NO ☐ YES
ANY STRESSFUL SITUATIONS IN THE HOUSEHOLD? describe briefly…… ☐ NO ☐ YES
DO PARENTS OR CAREGIVERS EVER SMOKE?…… ☐ NO ☐ YES
ANY EXPOSURE TO ANYONE WITH TB OR WITH HIGH RISK (BORN OR LIVED OUTSIDE THE UNITED STATES, HOMELESS, INCARCERATED, HIV/DRUG USE)? …… ☐ NO ☐ YES
ANY RELATIVES WITH HEART DISEASE OR HIGH CHOLESTEROL BEFORE AGE 55? …… ☐ NO ☐ YES
IS CAR SEAT USED ALL THE TIME?…… ☐ NO ☐ YES
HAVE SMOKE ALARMS?…… ☐ NO ☐ YES
HOUSE BUILT BEFORE 1980, OR LOCATED NEAR LEAD-RELATED INDUSTRIES?..... ☐ NO ☐ YES
HOUSEHOLD MEMBER/CLOSE CONTACT WITH HIGH LEAD WORK/HOBBY EXPOSURE?..... ☐ NO ☐ YES
OTHER LEAD EXPOSURE (I.E.: EATS NON-FOOD ITEMS / PICA; USE ANTIQUE DISHES, ETC; USE PRODUCTS FROM OTHER COUNTRIES SUCH AS HEALTH REMEDIES, ETC.)…… ☐ NO ☐ YES

TOILET TRAINED (ONLY OCCASIONAL ACCIDENTS?)_____ HARD STOOLS OR CONSTIPATION?_____

DESCRIBE MOST COMMON ACTIVITY? Circle which one quiet inactive /plays outside active /tv video games
DESCRIBE PERSONALITY :_____ANY BEHAVIOR PROBLEMS?_____
DESCRIBE SLEEP HABITS (HOURS/24 HOURS):_____ SLEEPS IN OWN BED? Y/N_____
DESCRIBE WORK/DAY CARE SITUATION:_____
WHO LIVES AT HOME?_____
LAST DENTAL EXAM?_____

DEVELOPMENT: (FILLED OUT FOR THE APPROPRIATE AGE BY PARENT OR GUARDIAN)

2 YEARS OLD	NO	YES	3YEARS OLD	NO	YES
ANY CONCERN ABOUT VISION OR HEARING?.....	☐	☐	ANY CONCERN ABOUT VISION OR HEARING?.....	☐	☐
ASK FOR FOOD, DRINK, OR TOYS?.....	☐	☐	ALTERNATES FEET WHEN GOING UP STAIRS?.....	☐	☐
GETS ALONG EASILY WITH OTHER CHILDREN?.....	☐	☐	ASKS UNDERSTANDABLE QUESTIONS?.....	☐	☐
GIVES YOU AN OBJECT WHEN ASKED?.....	☐	☐	FEEDS SELF WITH LITTLE SPILLING?.....	☐	☐
HANDLES CUP WELL?.....	☐	☐	HAS FEW TEMPER TANTRUMS.....	☐	☐
HELPS WITH SIMPLE TASKS?.....	☐	☐	HUGS YOU OR SHOWS AFFECTION?.....	☐	☐
PUTS OBJECT WHERE YOU WANT.....	☐	☐	KNOWS THE SEX OF A PARENT?.....	☐	☐
SAYS 20 OR MORE WORDS?.....	☐	☐	RIDES TRICYCLE USING PEDALS?.....	☐	☐
USES 2 WORD COMBINATIONS?.....	☐	☐	SAYS HIS/HER OWN NAME?.....	☐	☐
SCRIBBLES EASILY?.....	☐	☐	SAYS MORE THAN 30 WORDS?.....	☐	☐
SEATS SELF IN SMALL CHAIR?.....	☐	☐	SPEAKS IN FULL SENTENCES?.....	☐	☐
TRIES TO FEED SELF?.....	☐	☐	SPEECH IS EASILY UNDERSTOOD BY STRANGERS?..	☐	☐
WALKS/RUNS WELL?.....	☐	☐	USUALLY COMES IF CALLED?.....	☐	☐