



Well Child Check: 3 Year Visit

Your Child's Name: _____

Do you have any concerns about your child's behavior, learning, or development? If yes, please describe:

Does your child take any medications or supplements, including vitamins? No Yes: _____

Does your child have known allergies to foods/medicines? No Yes: _____

Do you have concerns about your child's hearing? No Yes: _____

Does your child see any specialists outside of ORP? No Yes: _____

Dental Health:

Has your child seen a dentist? Yes No (see our list)

Does your water source contain fluoride? Yes (=city water) No (=well water)

Are you brushing your child's teeth with fluoridated toothpaste 2x a day? Yes No

Tuberculosis screen:

Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis result? No Yes

Was your child or any household member born in or traveled to a high-risk country? (This includes countries in Africa, Asia, Latin America, and Eastern Europe)? No Yes

Nutrition:

Are they usually getting 2-3 servings of dairy a day (8 oz milk=1 serving)? Yes No

Are they usually drinking MORE than 24 oz of milk a day? No Yes

What type of milk is your child drinking? Whole Milk 2% 1% other _____

Are they eating iron-rich foods daily (meat, beans, enriched cereals/cheerios)? Yes No

Developmental Questions: Can your child...

Calm down within 10 min after you leave them, like at daycare dropoff?	Yes	No
Notice other children and join them to play?	Yes	No
Talk with you in conversation using at least 2 back and forth exchanges?	Yes	No
Ask who, what, where, or why questions like "where is mommy/daddy?"	Yes	No
Say what action is happening in a picture when asked, like running, eating, or playing?	Yes	No
Says first name when asked?	Yes	No
Talk well enough for others to understand, most of the time?	Yes	No

