



Well Child Check: 4 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: _____

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

Dental Health:

Does your child see a dentist 1-2 times a year? ☐ Yes ☐ No
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 test? ☐ No ☐ Yes
Was your child or any household member born in or traveled to a high-risk country? ☐ No ☐ Yes
(This includes countries in Africa, Asia, Latin America, and Eastern Europe)?

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: Does your child..?

Pretend to be something else during the day? (teacher, superhero, animal)?	Yes	No
Ask to go play with children if none are around, like "Can I play with Alex?"	Yes	No
Comfort others who are hurt or sad, like hugging a crying friend?	Yes	No
Avoid danger, like not jumping from tall heights at the playground?	Yes	No
Like to be a helper?	Yes	No
Change behavior based on where she is (library, church, playground)?	Yes	No
Say a sentence with 4 words or more?	Yes	No
Say some words from a song, story, or nursery rhyme?	Yes	No
Talk about at least 1 thing that happened during the day- "I played soccer"	Yes	No
Answer simple questions like "What is a coat for?" "What is a crayon for?"	Yes	No
Name a few colors of items?	Yes	No
Tell you what comes next in a well-known story?	Yes	No
Draw a person with 3 or more body parts?	Yes	No
Catch a large ball most of the time?	Yes	No
Serve himself food or pour water with adult supervision?	Yes	No
Unbutton some buttons?	Yes	No
Hold a crayon or pencil between finger and thumb (not a fist)?	Yes	No

Who takes care of your child during the day? _____

Are parents: single married divorced separated

Have there been major changes lately in your child's or family's life? _____

Will your child travel internationally in the next year? If yes, where and when? _____

Does your child clearly communicate their wants and needs to you and others?	Yes	No
Do you read, sing songs or play word games with your child daily?	Yes	No
Is your child generally happy and active?	Yes	No
Do you help your child say "I'm sorry" for hurting others' feelings?	Yes	No
Does your child play with other children?	Yes	No
Does your child have a best friend/good friends?	Yes	No
Does your child play actively for at least 1 hour a day?	Yes	No
How much time every day does your child spend watching devices/screens? _____		

Are you happy with your child's sleep?	Yes	No
Do you have a regular bedtime and mealtimes?	Yes	No
Is your child fully toilet trained (urine and stool) for the daytime?	Yes	No
Do you offer your child at least 5 servings of vegetables or fruits a day?	Yes	No
Do you let your child decide what to eat and how much?	Yes	No
Does your child drink sugar sweetened beverages: juice/soda/sports drinks daily?	No	Yes
Is your child always in a 5-point car seat in the back seat of the car?	Yes	No
Does everyone use a lap/shoulder seat belt, booster seat, or car seat?	Yes	No
Does your child wear a helmet when they ride a tricycle, in a towed bike trailer, or in a seat on an adult's bike?	Yes	No
Do you keep your child away from moving machines, lawn mowers, driveways, streets?	Yes	No
If you have a pool (or hot tub/spa/pond), does it have a locked gate?	Yes	No
Does your child wear sunscreen?	Yes	No
Are you planning to have your child learn to swim?	Yes	No
Does your child wear a life jacket when on a boat or in open water?	Yes	No
Does your child spend time in a place with an unlocked gun?	No	Yes
Do you feel safe in your home and community?	Yes	No
Has your partner or another significant person in your life ever hurt you or your child?	No	Yes
Do you have the things you need to take care of your child?	Yes	No
Does your home have enough heat/AC, hot water, electricity?	Yes	No
Within the past 12 months, were you ever worried whether your food would run out?	No	Yes
Is there anyone in your child's life whose alcohol/drug use concerns you?	No	Yes
Do you discuss with your child that no one should see their private parts or keep secrets from their parents?	Yes	No