code: PD007

{Office Name} Previsit Questionnaire

3 Year Visit

For us to provide you and your child with the best possible health care, we would like to know how things are going. Please answer all of the questions. Thank you.

First Name _____ **Last Name** _____ **Date of Birth** _____

What would you like to talk about today?

_____

Do you have any concerns, questions, or problems that you would like to discuss today?

_____

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Family Support

- ☐ Balancing work and family
- ☐ Giving your child choices
- ☐ Having time alone with your partner
- ☐ Being consistent with your child
- ☐ Showing affection to your child
- ☐ How to use time-outs
- ☐ How your child is getting along with brothers and sisters
- ☐ Taking time for yourself
- ☐ Your child's weight

Reading and Talking with Your Child

- ☐ How to get your child interested in reading
- ☐ What to talk about with your child

Playing With Others

- ☐ Fun games to play with your child
- ☐ Playing and getting along with other children

Your Active Child

- ☐ How to keep your child active
- ☐ How much TV is too much TV

Safety

- ☐ Car safety seats
- ☐ Staying safe outside
- ☐ Crossing the street safely
- ☐ Preventing falls from windows
- ☐ Gun safety

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit?

- ☐ Yes
- ☐ No
- ☐ Unsure

If yes, please describe:

_____

Hearing - Do you have concerns about how your child hears?

- [ ] Yes
- [ ] No
- [ ] Unsure

Hearing - Do you have concerns about how your child speaks?

- [ ] Yes
- [ ] No
- [ ] Unsure

Lead - Does your child have a sibling or playmate who has or had lead poisoning?

- [ ] Yes
- [ ] No
- [ ] Unsure

Lead - Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months)renovated or remodeled?

- [ ] Yes
- [ ] No
- [ ] Unsure

Lead - Does your child live in or regularly visit a house or child care facility built before 1950?

- [ ] Yes
- [ ] No
- [ ] Unsure

Tuberculosis - Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?

- [ ] Yes
- [ ] No
- [ ] Unsure

Tuberculosis - Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?

- [ ] Yes
- [ ] No
- [ ] Unsure

Tuberculosis - Has a family member or contact had tuberculosis or a positive tuberculin skin test?

- [ ] Yes
- [ ] No
- [ ] Unsure

Tuberculosis - Is your child infected with HIV?

- [ ] Yes
- [ ] No
- [ ] Unsure

Anemia - Do you ever struggle to put food on the table?

- [ ] Yes
- [ ] No
- [ ] Unsure

Anemia - Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?

- [ ] Yes
- [ ] No
- [ ] Unsure

Oral Health - Does your child have a dentist?

- [ ] Yes
- [ ] No
- [ ] Unsure

Oral Health - Does your child's primary water source contain fluoride?

- [ ] Yes
- [ ] No
- [ ] Unsure

Does your child have any special health care needs?

- [ ] Yes
- [ ] No

If yes, please describe:

_____

Have there been any major changes in your family lately?

- [ ] Move
- [ ] Job change
- [ ] Separation
- [ ] Divorce
- [ ] Death in the family
- [ ] Any other changes?

Please describe any other changes:

_____

Does your child live with anyone who uses tobacco or spend time in any place where people smoke?

- [ ] Yes
- [ ] No

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior?

- [ ] Yes
- [ ] No

If yes, please describe:

_____

Check off each of the tasks that your child is able to do:

- [ ] Stacks 6 small blocks
- [ ] Throws a ball overhand
- [ ] Balances on each foot
- [ ] Copies a circle
- [ ] Names a friend
- [ ] Pretend play; such as playing house or school
- [ ] Has a conversation with 2 or 3 sentences together
- [ ] Knows the name and use of cup, spoon, ball, and crayon
- [ ] Usually understandable
- [ ] Walks up the stairs switching feet
- [ ] Toilet trained during the day
- [ ] Draws a person with 2 body parts
- [ ] Can help take care of himself by feeding and dressing
- [ ] Identified herself as a girl or boy