

Appt Date _____

5 year Check Up

Patient Name _____ DOB _____

Name of person filling out form _____ Phone number _____

Nutrition:

What does your child drink? (circle all that apply) Whole Milk Soy Milk Water Juice Other _____

How many cups of milk does your child drink per day? _____

How many cups of juice does your child drink per day? _____

How many cups of water does your child drink per day? _____

Does your child eat a variety of meats, fruits, and vegetables each day? _____

Bowel/Bladder:

Any concerns about your child's voiding or stooling? _____

Sleep:

How many hours does your child sleep at night? _____

How many naps does your child take during the day? _____ How long are the naps? _____

Hearing/ Vision:

Any concerns about your child's hearing or vision? _____

Social hx:

Does your child attend daycare, preschool, or stay at home? _____

How much screen time does your child get each day? _____

What school will your child be attending? _____

Development:

Please check the following developmental milestones that you notice your child accomplishing:

- | | |
|--|---|
| <input type="checkbox"/> Copies a square and a triangle | <input type="checkbox"/> Balances on one foot, hops, and skips |
| <input type="checkbox"/> Writes letters and numbers | <input type="checkbox"/> Names 4 colors |
| <input type="checkbox"/> Draws a person with 6 body parts | <input type="checkbox"/> Follows a three-step command |
| <input type="checkbox"/> Tells a simple story using full sentences | <input type="checkbox"/> Understands "rules" and abides by them |
| <input type="checkbox"/> Uses appropriate pronouns and tenses | <input type="checkbox"/> Plays cooperative games |

Advice and Guidance for Parents: *(please check off as you read)*

- Wear SPF 30 or greater for sun exposure
- Now is a good time to promote responsibility by assigning your child simple chores
- After your child has brushed his/her teeth, you should brush them as well. Regular dental exams are important.
- About 25% of 5-year olds still wet the bed at night. Limit the amount of fluids your child drinks before bedtime, and take your child to the bathroom when you are getting ready for bed to help with this.
- Limit screen time to no more than 2 hours per day. You should not put a TV in your child's room.
- Smoke Exposure:** Minimize your child's exposure to cigarette smoke
- Does anyone smoke inside your home, including the basement or garage? Y___ N___; If yes is he/she interested in quitting? Y___ N___
- Does anyone caring for your child smoke in the house, car, basement, garage, or outside? Y___ N___; If yes, is he/she interested in quitting? Y___ N___
- Nutrition:** Skim milk is recommended (limit to 12 to 16 oz daily). No more than 6 to 8 oz. sugar drinks daily.
- Sleep:** Your child should have at least 11 hours of sleep every night.
(for podcasts on Sleep and Behavior, go to www.shotshurtless.com)

PEDS RESPONSE FORM

Provider _____

Child's Name _____ Parent's Name _____

Child's Birthday _____ Child's Age _____ Today's Date _____

Please list any concerns about your child's learning, development, and behavior.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

Please list any other concerns.