



## 3 Year Health Maintenance Form

Patient Name: \_\_\_\_\_

**Circle Yes/No or answer in the space provided:**

New or recent health concerns?	Yes	No
New changes or stressors in family or home? (move, job change, divorce, death in the family, new baby etc.)	Yes	No
Visits to other health care providers/facilities?	Yes	No
Plans to attend preschool/currently enrolled in preschool?	Yes	No
Any social or learning concerns at home or preschool?	Yes	No

**Sleep:**

Average hours of sleep in 24 hours: \_\_\_\_\_

**Elimination:**

Is your child toilet trained during the day?	Yes	No
Does your child stool and urinate regularly?	Yes	No
Do your child...		
See a dentist?	Yes	No
Have their teeth brushed daily?	Yes	No

**Diet:**

Does your child...		
Eat a variety of foods/well balanced diet? (fruits/veggies, whole grains, meat)	Yes	No
Feed self entirely?	Yes	No
Snack between meals?	Yes	No
Are you able to put food on the table daily for your family?	Yes	No

**Does your child...**

Alternate feet walking up stairs?	Yes	No
Jump forward?	Yes	No
Stand briefly on one foot?	Yes	No
Pedal a tricycle?	Yes	No
Build a stack of 7-9 blocks?	Yes	No
Draw a circle and imitate a vertical line?	Yes	No
Put on some clothing and shoes without help?	Yes	No
Speak so others understand what he is saying?	Yes	No
Speak in sentences of 4-5 words?	Yes	No
Understand cold, tired, and hungry?	Yes	No
Understand bigger, smaller and on/under?	Yes	No
Name one color?	Yes	No

**—Turn Over Please—**

***If you do not understand any of these questions, please ask your nurse.***

Does anyone smoke in/out of the home or daycare?	Yes	No
Does your child or any household member drink water from a private well? (vacation homes, relative's or friend's home, daycare or school)	Yes	No
<b>Tuberculosis Screening Questionnaire:</b>		
Does your child have contact with adults with TB infection?	Yes	No
Is child or parent from a region of the world with a high prevalence of TB? (Regions other than the US, Canada, Australia, New Zealand, Western Europe)	Yes	No
Is child frequently exposed to immunosuppressed persons, homeless people, nursing home residents, or migrant workers?	Yes	No
Does either parent or other individual living in home work in a medically related field or have contact with institutionalized individuals or nursing home residents?	Yes	No

***If you do not understand any of these questions, please ask your nurse.***