

SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 3 YEARS

Name: _____ DOB: _____

Date of Visit _____ Age _____

Parental Language Barrier: N Y _____

PARENTAL CONCERNS/ONGOING & INTERIM PROBLEMS

No Concerns

PAST MEDICAL HISTORY

Allergies _____ Immunization Reactions _____

Other _____

PRESENT HISTORY

Meds: _____

Diet _____

Calcium _____

Food Groups _____

Elimination/Toilet Learning _____

Sleep/Naps _____

Dental _____

Brushing _____

Referral _____

DEVELOPMENT

Short sentence/Articulation _____

Draws lines & circles _____

Jumps/Kicks ball/Rides tricycle _____

Dresses Self _____

Knows name & age _____

SOCIAL

Day care, Preschool, Mother's Day Out _____

Behavior/Discipline _____

TV _____

FAMILY

Smoke Exposure Yes No _____

Other _____

Information completed by: _____

Relationship to child: _____

PHYSICAL EXAMINATION

Length _____ Weight _____ BMI _____ BMI% _____

HC _____ Temp _____ Pain _____

N AB

COMMENTS

- Gen. Appearance _____
- Skin _____
- Head/Fontanel _____
- Eyes/RR/Strabismus _____
- Ears/Nose/Oropharynx _____
- Neck/Nodes _____
- Chest/Lungs _____
- Cardiovascular/Pulses _____
- Abdomen _____
- Genitalia _____
- Musculoskeletal/Hips _____
- Neuro/Reflexes _____
- Gait _____
- Hearing _____
- Vision(attempt formal)R _____ L _____

ANTICIPATORY GUIDANCE

Diet

- Balanced meals TID
- Healthy Snacks
- Limit juice/Kool-aid/Pop

Development

- Reading/Library card
- Encourage Language
- Play with child
- TV Limits/Content

Injury Prevention

- Car Seat/Seatbelts
- Animal Safety

Personal Safety

- Firearm Safety
- Fire Safety/Smoke Detector

Health Habits

- Exercise/Outdoor Play
- No smoking

Medical Education

- Dental Visit
- Handwashing
- Telephone

LABS

- Hgb/Hct _____ Lead Risk Factors Yes No
- Tb Skin Test _____ Risk Factors Yes No

IMMUNIZATIONS: Any Still Needed: _____

ASSESSMENT/RECOMMENDATIONS

- Healthy Toddler _____
- Return for 4 year checkup _____, M.D.

SICK VISIT – Mod 25

CC:

HPI:

MDM:

>50% of _____ min visit spent counseling