

**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 \_\_\_\_\_

Toilet Learning \_\_\_\_\_

Sleep/Naps \_\_\_\_\_

Dental \_\_\_\_\_

Brushing  Yes  No

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 \_\_\_\_\_

Daily Screen Time \_\_\_\_\_

**FAMILY**

Smoke Exposure  Yes  No \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Information completed by: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**PHYSICAL EXAMINATION**

Length \_\_\_\_\_ % \_\_\_\_\_ Weight \_\_\_\_\_ % \_\_\_\_\_

BMI \_\_\_\_\_ BMI% \_\_\_\_\_ HC \_\_\_\_\_ Temp \_\_\_\_\_

**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 \_\_\_\_\_

Untestable \_\_\_\_\_

Referred:  Yes  No

Screened elsewhere \_\_\_\_\_

**ANTICIPATORY GUIDANCE**

**Diet**

Balanced meals TID

Healthy Snacks

Limit juice/Kool-aid/Pop

**Development**

Reading/Library card

Encourage Language

Play with child

Screen Time

**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

**LABS**

Hgb/Hct \_\_\_\_\_  Lead Risk Factors  Yes  No

Tb Skin Test \_\_\_\_\_ Risk Factors  Yes  No

**IMMUNIZATIONS:**  Any Still Needed: \_\_\_\_\_

**ASSESSMENT/RECOMMENDATIONS**

Healthy Toddler

Dental Referral

\_\_\_\_\_  
\_\_\_\_\_, M.D.

SICK VISIT – Mod 25

CC:

HPI:

MDM:

>50% of \_\_\_\_\_ min visit spent counseling