**PEDIATRIC VISIT 3 YEARS** DATE OF SERVICE

NAME

M / F DATE OF BIRTH

AGE

WEIGHT / % HEIGHT / % BMI / % TEMP BP

**HISTORY REVIEW/UPDATE:** *(note changes)*

Medical history updated? Family health history updated? Reactions to immunizations? Yes / No Concerns:

# PSYCHOSOCIAL ASSESSMENT:

## Sleep: Child care:

**Recent changes in family:** *(circle all that apply)*

New members, separation, chronic illness, death, recent move, loss of job, other

**Environment:** Smokers in home? Yes / No

## Violence Assessment:

History of injuries, accidents? Yes / No Evidence of neglect or abuse? Yes / No

# RISK ASSESSMENT: CHOL TB LEAD

(By questionnaire) Pos / Neg Pos / Neg Pos / Neg

# MENTAL HEALTH ASSESSMENT:

Problem identified? Yes / No Counseling provided? Yes / No Referral? Yes / No To:

## PHYSICAL EXAMINATION: (unclothed)

Wnl Abn *(describe abnormalities)*

**** **** Appearance/Interaction

**** **** Growth

# NUTRITIONAL ASSESSMENT:

**Typical diet** *(specify foods)***:**

**Education:** Offer variety of nutritious foods/snacks **** May be picky ****

Eats same foods as family **** 5 fruits/vegetables daily ****

No sweetened beverages ****

**DEVELOPMENTAL SCREENING:** *(With Standardized Tool)* **ASQ: ** **PEDs ** **Other: ** *(specify)* **Results:** Wnl **** **Areas of Concern**: **Referred:** Yes / No **Where**?

**DEVELOPMENTAL SURVEILLANCE:** *(****O****bserved or* ***R****eported)* **Social:** Dresses self **** Separates easily **** Plays interactive games **** **Fine Motor:** Copies: O ****  ****

**Language:** Understands 2of 3: cold, tired, hungry ****

Understands 3 of 4 prepositions (block is on, under, behind in front of table) **** Speech clear to examiner **** Recognizes 3-4 colors ****

Uses plurals **** Gives first and last name **** Knows sex (boy/girl) ****

**Gross Motor:** Balances on 1 foot for 1 second **** Jumps well ****

Broad jump **** Pedals tricycle ****

# ANTICIPATORY GUIDANCE:

**Social:** Needs peer contact **** Caution with strangers/animals **** Sibling rivalry **** Develops pride with accomplishments ****

Caution with strangers/animals ****

**Parenting:** Time out for serious misbehavior **** Read parenting books ****

Help child to release energy **** Avoid smacking, spanking ****

Encourage talk about feelings (instead of misbehaving) ****

Dependency needs alternate with independence ****

**** **** Skin

**** ****

Special times alone with child **** Praise child ****

**Play and communication:** Excursions, outdoor play, art **** Library ****

Head/Face

**** **** Eyes/Red reflex

**** **** Cover test/Eye muscles

**** **** Ears

**** **** Nose

**** **** Mouth/ Gums/Dentition

Read to child **** Make up stories together **** Screen TV shows ****

**Health:** Dental care **** Fears **** Physical activity ****

Begin sex education (boy/girl differences, “private parts”, etc) **** Masturbation **** Fluoride if well water **** Tick prevention **** Second hand smoke **** Use sunscreen ****

**Injury prevention:** Rear riding car seat **** Bicycle helmets **** Matches ****

**** **** Neck/Nodes

**** **** Lungs

Riding toys in traffic **** Smoke detector/escape plan ****

Poisoning (Plants, drugs, chemicals) **** Poison control # ****

Hot water 120º **** Choking/suffocation **** Fall prevention (heights) ****

**** **** Heart/Pulses

**** **** Chest/Breasts

Firearms (owner risk/safe storage) **** Water safety (tub, pool) ****

Toddler proof home ****

# PLANS/ORDERS/REFERRALS

**** **** Abdomen

**** **** Genitals

1. Review immunizations and bring up to date
2. Review Lead and HCT results **** Refer for testing if none ****

3. Dental visit advised **** or date of last visit

**** **** Musculoskeletal

**** **** Neuro/Reflexes

**** **** Vision *(subjective/* ***objective if cooperative****)*

  Hearing *(subjective /* ***objective if cooperative****)*

1. Flouride varnish applied:Y/N
2. Next preventive appointment at 4 Years ****
3. Referrals for identified problems

(specify) \_

**Signatures:**

[*https://mmcp.health.maryland.gov/epsdt/Pages/Home.aspx*](http://www.dhmh.maryland.gov/epsdt/)***Maryland Healthy Kids Program*** 2020