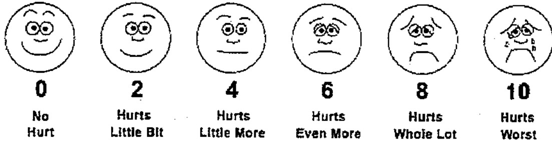
Complete for Ages 3-6

Name: **Your Overall Feeling** ☐ Excellent ☐Very Good ☐ Good ☐Fair ☐ Poor

Do you have any specific concerns today? ____________________

What is your child's pain level? Where does it hurt if at all-



Is patient or parent currently in a situation where they are being verbally or physically hurt, threatened or made to feel afraid? ☐ Yes ☐ No

Does your child have any of these symptoms at the present time:

☐ Fever	☐ Earache	☐ Cough	☐ Abdominal Pain	☐ Vision Concerns
☐ Headache	☐ Pulling at Ears	☐ Wheezing	☐ Decrease in Appetite	☐ Hearing Concerns
☐ Nasal Congestion	☐ Eye Discharge	☐ Vomiting	☐ Rash	
☐ Nasal Discharge	☐ Sore Throat	☐Diarrhea		

Please list all medications (including OTC, Herbals, and Supplements)

Are you enrolled in RELAYHEALTH so that you can e-mail your provider? ☐Yes☐No

Please provide your e-mail so we can enroll you in Relay Health:

Please list allergies (drug, flood, latex)

☐ No Allergies

Chronic Medical Conditions	Surgeries/Hospitalizations (Dates)	Family History (biological siblings, parents, grandparents)	Lead Questionnaire
			Do you live in high lead risk zip code?☐Yes☐No Any sibling with lead poisoning? ☐Yes ☐No Live in house or attend day care built before 1950? ☐Yes ☐No Is house built or day care built before 1978 with chipped paint or going through remodeling? ☐Yes ☐No **TUBERCULOSIS Screening:** Has a family member or contact had tuberculosis? ☐Yes☐No Has a family member had a positive tuberculin skin test? ☐Yes☐No Was your child born in a high-risk country? ☐Yes☐No Has your child traveled to a high risk country for more than one week? ☐Yes☐No

In the age group below that is closest to your child's age, please check the actions your child does:

24 MONTHS	30 MONTHS	3 years	4 years	5-6 years
☐Tries to do what parents do ☐Combines two different words ☐Names an animal in a picture ☐Kicks a ball forward ☐Plays "pretend" ☐Parallel play (alongside children) ☐Stacks 5 or more blocks ☐Follows 2-step commands ☐Turns single pages ☐Jumps in place ☐Walks up and down stairs ☐Throws ball overhand ☐Plays interactively with other children	☐Plays "pretend" ☐Jumps in place ☐Points to 6 body parts ☐Brushes teeth with help ☐Washes and dries hands ☐Dresses with supervision ☐Uses 2-3 word sentences ☐Knows correct animal sounds ☐Plays interactively with other children ☐Other people understand half of spoken words	☐Plays make believe ☐Balances on one foot for 1 second ☐Throws ball overhand ☐Builds tower of 6-8 blocks ☐Toilet trained during the day ☐Can name a friend ☐Alternates feet walking up stairs ☐Can copy a circle ☐Can draw a person ☐Can speak multiple sentences ☐Most spoken words are understandable	☐Dresses without help ☐Plays make-believe ☐Plays interactive games with peers ☐Can draw a person with three parts ☐Names four colors ☐Interacts with peers ☐Jumps on one foot ☐Brushes teeth independently ☐Knows name, age, sex ☐Builds tower of 6-8 blocks ☐Can copy a cross ☐Balances on one foot for 5 seconds	☐Skips ☐Articulates clearly ☐Counts to 10 ☐Is attentive ☐Names four colors ☐Can print letters of the alphabet ☐Able to tie a knot ☐Copies squares and triangles ☐Understands and follows simple commands ☐Balances on one foot for 10 seconds