Preschool Well Child Worksheet (12- Months to 4 Years)

Vital Signs:
Weight:_____ _____Percentile
Length:_____ _____Percentile
Head circumference:_____ _____Percentile
Temperature:_____
Pulse:_____
Respiratory rate:_____
Blood pressure:_____

Interim history since last well child visit:
_____
_____
Medications:_____
Allergies: _____

Nutritional Assessment:
Appetite
Regular schedule
All food groups
Fluoride/iron/vitamin
Normal stools
Bottle usage

Developmental Assessment:

12-18 mo.	*18-24 mo.*
Walks well	>20 words
Drinks from cup	Scribbles w/crayon
Mama/dada	Follows directions
Imitates housework	Kicks ball forward

24-36 mo.	*36-48 mo.*
Puts on clothing	Gives full name
Jumps in place	Broad Jump
Follows directions	Copies circle
Short sentences	

Mental Health Assessment:
Sleep problems
New family stresses
Day care (type)
Living with both parents
Extended family support
Parenting needs
Child abuse risk

Health Education:

Nutrition	*Health Promotion*
Basic foods	Immunizations
Good snacks	Dental education
Appetite control	Toilet training
Choking	TV habits
	Exposure to smoking
	Medical resource use

Health Education continued:

Safety	*Family*
Firearm safety	Family planning
Fire/smoke detectors	Set limits/discipline
Car seats	Reward good behavior
Water safety/scalding	Sibling relation
Poisoning	Read/play/work together
Childproofing	

Physical Exam:
General appearance
Skin
Head
Eyes
Ears
Oropharynx
Nose
Teeth
Neck/nodes
Heart
Chest & lungs
Cardiovascular/pulses
Abdomen
Genitalia
Musculoskeletal
Neuro/reflexes
Further description of PE: _____
_____

Screening:
Vision
Hearing
Hemoglobin
Lead questionnaire
Tuberculosis questionnaire
Dental referral

Assessment: (List problems & status, include developmental issues)
1.
2.
3.

Plan: (Immunizations, PPD, Medications, Referrals, Follow up)
1.
2.
3.