

4 year check

Child's Name _____

Please have your child give a urine sample. Cups are in the bathroom.

(please circle all that apply)

My child can:

hop on one foot climb well count 4 objects tell a story "role plays" can go potty unaided
throw a ball

My child has been in preschool and does well:

yes no

My child enjoys other kids:

yes no

My child and I fight over his/her diet:

rarely/never sometimes daily

My child has seen the dentist:

once or twice regularly never

My child has issues with:

potty behavior sleep

I think our family's stress level right now:

is low is pretty average is high

My child has seen the following specialists since our last visit: _____

The insurance I have is through:

work the state health care exchange

I have reviewed the Vaccine Information Sheet and wish to do the following:

DTaP (diphtheria, tetanus, and pertussis)

IPV (polio)

MMR (measles, mumps, and rubella)

Varicella (Chickenpox)

Are there any recent or upcoming changes for the family (moves, births, etc.)?

yes no

Please ask your child to draw shapes on the back of the page and to "draw a person". Don't prompt them to add anything to the picture; we are interested in seeing what they do on their own.

Do you have any questions or concerns? (if yes, please list on the back)