

Parental Concerns for Well Visits Age 4-8 years

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Child's Name: _____

Date: _____

Child's Age: _____

Date of birth: _____

Diet/Growth:

- My child eats healthy foods: Yes No
 - I wish my child ate more _____
 - I wish my child ate less _____
- I feel that my child is: Too heavy Too light Just right
- I feel that my child is: Too tall Too short Just right
- My child takes a vitamin: Yes No
 - Which vitamin: _____ Gummy Chewable
 - What time of day: _____
 - I wonder whether my child needs to take a vitamin: Yes No
- My child drinks milk: Yes No
 - _____ ounces per day
 - Whole 2% 1% Skim Almond Soy Other _____
- My child has a family history of high cholesterol: Yes No
 - Who has high cholesterol? Mom Dad Aunt/Uncle Grandparent
 - This is being treated with: Dietary changes Exercise Medications Not treated
- My child gets exercise: Yes No
 - At least 30 minutes a day? Yes No
 - What sport or activity? _____

Elimination:

- My child has urine accidents: Yes No
 - This happens: Daytime Night-time
 - This bothers: My child My spouse No one is bothered
 - There is a family history of childhood bed-wetting in: Mom Dad None
- My child has stool daily: Yes No Don't know
 - My child's stool is: Soft Hard Don't know
 - My child has pain with pooping: Yes No
 - My child has poop accidents: Yes No

Sleep:

- My child sleeps through the night: Yes No
 - My child gets how many hours of uninterrupted sleep: _____ hours
 - My child goes to sleep easily: Yes No
 - My child snores: Yes No
 - My child has nightmares/sleepwalking/sleep disturbance: Yes No
 - My child looks at screens in the hour before bedtime: Yes No

Behavior:

- My child is well behaved/minds: Yes No
 - My child has trouble minding at: School Home Both
 - I am concerned about my child's behavior: Yes No
- I am proud of my child: Yes No

Learning:

- My child attends school: Yes No Where: _____ Grade: _____
- My child gets good grades: Yes No Typical marks/grades: A's B's C's D's F's Not graded
- My child's learning is: Advanced On grade Level Behind
- My child can see well and hear well and speak clearly: Yes No
- I worry that my child has a learning problem: Yes No

Other worries I have: _____ Parent Signature: _____