	me	3 Year Pre-vis Bathes: (Daily)	Sit Questionnair Date (Every other day) <u>Diet</u>		
			(Every other day)		
Bala	anced	Bathes: (Daily)			
Bala	anced		<u>Diet</u>		
Bala	anced				
		Diet? Picky ea	iter? Cups of milk	daily_	
	Pro	blems with constipatio	on? Bed wetting?		
Type of wa	ater (b	oottled/well/city):	# of hours sleeping a	at ON	E time
ls the	re any	v secondhand smoke ex	kposure in your home or car	·?	
Current Dentist:			Current Daycare:		
		Developmental Miles	tones (check all that apply)):	
Uses 3-word sentences.		Uses words that are 75% intelligible to strangers.	 Tells a story from a book or TV. 		Compares things using words such as bigger or shorter.
Goes to the bathroom		Eats independently.	□ Draws a single circle.		Draws a person with head and one other body part.
Begins to play make- believe.		Uses sentences			
	Any o	other questions or cond	cerns you would like to disc	cuss?	
_	Is the Current Dentist: Uses 3-word sentences. Goes to the bathroom Begins to play make-	Is there any Current Dentist: Uses 3-word sentences. Goes to the bathroom Begins to play make- believe.	Is there any secondhand smoke ex Current Dentist: Developmental Miles Uses 3-word sentences. Uses words that are 75% intelligible to strangers. Goes to the bathroom Eats independently. Begins to play make- believe.	Is there any secondhand smoke exposure in your home or car Current Dentist:Current Daycare: Developmental Milestones (check all that apply) Uses 3-word sentences. Uses words that are 75% Tells a story from a book intelligible to strangers. Tells a story from a book or TV. Goes to the bathroom Eats independently. Draws a single circle. Begins to play make- believe.	intelligible to strangers. or TV. Goes to the bathroom Eats independently. Draws a single circle. Begins to play make- Uses sentences

	Has a family member or contact been diagnosed with TB?	YES	NO
TB Screen	Was your child born in a country at high risk for TB?	YES	NO
	Has your child traveled to a country at high risk for TB?	YES	NO
	Does your child have a sibling or playmate that has had lead poisoning?	YES	NO
Lead Risk	Does your child live in or regularly visit a home built before 1978 that being renovated?	YES	NO
	Does your child live in or regularly visit a house or childcare facility built before 1950?	YES	NO

Weight_____ Height_____ BP_____ P____ T____ Vision(GoCheck)_____