



# ABC Pediatrics

## 2 ½ Year Pre-visit Questionnaire

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

**Bathes:**            **(Daily)**            **(Every other day)**

**Feeding Routine**

Balanced Diet? \_\_\_\_\_ Picky eater? \_\_\_\_\_ Cups of milk daily \_\_\_\_\_

# of stools Daily \_\_\_\_\_ Fully Potty trained? \_\_\_\_\_

Type of water (bottled/well/city): \_\_\_\_\_ # of hours sleeping at ONE time \_\_\_\_\_

Is there any secondhand smoke exposure in your home or car? \_\_\_\_\_

Current Dentist: \_\_\_\_\_ Current Daycare: \_\_\_\_\_

**Developmental Milestones (check all that apply)**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Combines 2 words       | <input type="checkbox"/> Dumps cereal/raisins etc. from plate/bowl | <input type="checkbox"/> Follows Simple Directions | <input type="checkbox"/> Greater than 50 word vocabulary |
| <input type="checkbox"/> Hides and finds things | <input type="checkbox"/> Imitates Adults                           | <input type="checkbox"/> Opens doors               | <input type="checkbox"/> Parallel play with other kids   |
| <input type="checkbox"/> Runs                   | <input type="checkbox"/> Kicks a ball                              | <input type="checkbox"/> Uses fork and spoon       | <input type="checkbox"/> Walks up and down steps         |
| <input type="checkbox"/> Jumps in place         | <input type="checkbox"/> Helps with simple tasks                   | <input type="checkbox"/> Problem Solves            | <input type="checkbox"/> Separates from mom easily       |
| <input type="checkbox"/> Throws a ball          | <input type="checkbox"/> Listens to stories                        | <input type="checkbox"/> Uses Pronouns             |  |

**Are there any other concerns you would like to discuss?**

<b>Lead Risk</b>	<b>Does your child have a sibling or playmate that has had lead poisoning?</b>	<b>YES</b>	<b>NO</b>
	<b>Does your child live in or regularly visit a home built before 1978 that being renovated?</b>	<b>YES</b>	<b>NO</b>
	<b>Does your child live in or regularly visit a house or childcare facility built before 1950?</b>	<b>YES</b>	<b>NO</b>

Weight \_\_\_\_\_ Temp \_\_\_\_\_ Height \_\_\_\_\_ Head Circumference \_\_\_\_\_