



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"/> Uses words that are 50% intelligible to strangers | <input type="checkbox"/> Plays pretend with toys/dolls | <input type="checkbox"/> Walks up steps using one foot then the other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uses pronouns correctly | <input type="checkbox"/> Pokes at food with fork | <input type="checkbox"/> Runs well without falling |
| <input type="checkbox"/> Explains the reasons for things, such as needing a sweater when it's cold | <input type="checkbox"/> Grasps crayon with thumb and fingers instead of a fist | |
| <input type="checkbox"/> Names at least one color | <input type="checkbox"/> Catches a large ball | |
| <input type="checkbox"/> Urinates on potty or toilet | <input type="checkbox"/> Copies a vertical line | |

Are there any other concerns you would like to discuss?

Lead Risk	Does your child have a sibling or playmate that has had lead poisoning?	YES	NO
	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 _____ Temp _____ Height _____ Head Circumference _____