



ABC Pediatrics

4 Year Pre-visit Questionnaire

Patient Name _____

Date _____

Bathes: (daily) (every other day)

Diet

Balanced Diet? _____ Picky eater? _____ Cups of milk daily _____

Problems with constipation? _____ Bed wetting? _____

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/ Pre-K: _____

Developmental Milestones (check all that apply):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Copies shapes | <input type="checkbox"/> Dresses themselves | <input type="checkbox"/> Draws a person with 3 parts | <input type="checkbox"/> Has pretend play |
| <input type="checkbox"/> Knows own name, age, sex | <input type="checkbox"/> Plays board games | <input type="checkbox"/> Other people understand speech | <input type="checkbox"/> Appropriately responds to questions |
| <input type="checkbox"/> Comprehends tired, cold, and hungry | <input type="checkbox"/> Defines some words | <input type="checkbox"/> Comprehends prepositions | <input type="checkbox"/> Engages in role play |
| <input type="checkbox"/> Interacts with peers | <input type="checkbox"/> Opposite analogies | <input type="checkbox"/> Uses scissors | <input type="checkbox"/> Understands and follows directions |
| <input type="checkbox"/> Picks longer of both lines | <input type="checkbox"/> Pedals a tricycle | <input type="checkbox"/> Balances on 1 foot | <input type="checkbox"/> Hops on 1 foot |
| <input type="checkbox"/> Recognizes colors | <input type="checkbox"/> Speech Understood by caregivers | | |

TB Screen	Has a family member or contact been diagnosed with TB?	YES	NO
	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
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

Any other concerns you would like to discuss? _____

Weight _____ Height _____ BP _____ P _____ T _____ Vision _____ Hearing _____