



OBERLIN ROAD PEDIATRICS

Well Child Check: 2 ½ Year Visit

Your Child's Name: _____

Do you have any concerns about your child's behavior, learning, or development? If yes, please describe:

Does your child take any medications or supplements, including vitamins? If yes, please list.

☐ No

☐ Yes: _____

Does your child have known allergies to foods/medicines? If yes, please list.

☐ No

☐ Yes: _____

Do you have concerns about your child's hearing/vision? ☐ No

☐ Yes: _____

Does your child see any specialists outside of ORP? If yes, please list.

☐ No

☐ Yes: _____

Dental Health:

Does your child have a dentist?

☐ Yes

☐ No (see our website)

Does your water source contain fluoride?

☐ Yes (=city water)

☐ No (=well water)

Is your child completely off the bottle?

☐ Yes

☐ No

Are you brushing your child's teeth with fluoridated toothpaste 2x a day?

☐ Yes

☐ No

Nutrition:

What type(s) of milk is your child usually drinking? ☐ Whole milk ☐ Breast milk ☐ Other _____

Are they usually getting 2-3 servings of dairy a day (8 oz milk=1 serving)?

☐ Yes

☐ No

Are they usually drinking MORE than 24 oz of milk a day?

☐ No

☐ Yes

Are they eating iron-rich foods daily (meat, beans, enriched cereals/cheerios)?

☐ Yes

☐ No

Developmental Questions: Does your child....

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| Play next to other children and sometimes play with them? | Yes | No |
| Show you what she can do by saying, "look at me!" | Yes | No |
| Follow simple routines when told, like helping to pick up toys when you say, "it's cleaning time." | Yes | No |
| Use hands to twist things, like turning doorknobs or unscrewing lids | Yes | No |
| Take some clothes off by himself, like loose pants or open jacket | Yes | No |
| Jump off the ground with both feet | Yes | No |
| Turn book pages 1 at a time when you read to her | Yes | No |
| Use things to pretend, like feeding a block to a doll as if it were food | Yes | No |
| Show simple problem-solving skills like standing on a small stool to rescue something | Yes | No |

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| Follow a 2-step instruction, for example, "put the toy down; close the door." | Yes | No |
| Show that he knows at least 1 color, like pointing to a red crayon when you ask, "which one is red?" | Yes | No |
| Say 50 words | Yes | No |
| Say ≥ 2 words, with 1 action word like "doggie run." | Yes | No |
| Name things in a book when you point and ask, "what is this?" | Yes | No |
| Say words like, I, me, and we | Yes | No |

Who takes care of your child during the day? _____

Are parents: single married divorcedseparated widowed living together

Who lives with your child? _____

Have there been major changes lately in your baby's or family's life? _____

Will your child travel internationally in the next year? If yes, where and when? _____

Does your family eat meals together? Yes No

Do you have a regular bedtime and mealtimes? Yes No

Do you encourage family exercise, such as walking, swimming, dancing, or bicycling? Yes No

Does your family go to museums, zoos, and other education places together? Yes No

Do you and your partner participate in social activities? Do you do things with friends, away from the family? Yes No

Does everyone in your family follow the same routines and set the same limits for your child? Yes No

Do you read to your child every day? Yes No

Do you use simple words when asking your child a question or give plenty of time for her to respond? Yes No

Do you carefully listen to your child and, if necessary, offer the right words to help him make sure he is understood? Yes No

Does your child become frustrated when others cannot understand what he says? No Yes

Does your child play with other children? Yes No

Do you allow your child to make choices such as what clothes to wear, what to eat, and what books to read? Yes No

How much time does your child spend watching TV or using computers, tablets, or smartphones per day? _____ hours

If your child uses media, do you monitor the shows your child watches or activities she does? Yes No

Has your family made a media use plan to help everyone balance the time spent on
media with other family and personal activities? Yes No

Do you have plans for childcare or preschool next year? Yes No

Is your child a part of a regular playground? Yes No

Do you read books to your child about getting ready for school? Yes No

Are you encouraging toilet training? Yes No

Do you praise your child when she tries to use the potty? Yes No

Is your child fastened securely in a car safety seat in the back seat every time he rides in a vehicle? Yes No

Does everyone in the vehicle always use a lap and shoulder seat belt, booster seat, or car safety seat? Yes No

Do you have a working smoke detector on every level of your home? Yes No

Do you test the batteries once a month? Yes No

Do you have an emergency escape plan in case of a fire? Yes No

Do you keep matches out of your child's sight and reach? Yes No

Do you keep your child away from the stove, grills, fireplaces, and space heaters? Yes No

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| When your child plays outside, do you make sure that he stays within fences and gates? | Yes | No |
| Does your child always wear a bike helmet when she rides on a tricycle, in a towed bike trailer, or in a seat on an adult bicycle? | Yes | No |
| Do you keep your child away from moving machines, lawn mowers, driveways, and streets? | Yes | No |
| Have you taught your child to be careful around dogs, especially if they are eating or you don't know them? | Yes | No |
| Do you have a swimming pool, pond, or lake near your home? | No | Yes |
| Do you always put sunscreen on your child when she plays outside? | Yes | No |