WELL CHILD EXAM
EARLY CHILDHOOD:
3 YEARS

Michigan Department of Human Services

Authority: P.A. 116 of 1973
Completion: Required
Consequences of non-completion:
Non-compliance of licensing rules.

Well Child Exam Date			
Patient Name	DOB	Sex	Parent/Guardian Name

Allergies	Current Medications

Prenatal/Family History

Weight	Percentile	Height	Percentile	Percentile	BMI	Temp.	Pulse	Resp.	BP (if risk)
	%		%	%	%					

Interval History:

(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition

- ☐ Grains _____ servings per day
- ☐ Fruit/Vegetables _____ servings per day
- ☐ Whole Milk _____ servings per day
- ☐ Meat/Beans _____ servings per day
- ☐ City water ☐ Well water ☐ Bottled Water

WIC ☐ Yes ☐ No

Elimination ☐ Normal ☐ Abnormal

Exercise Assessment

Physical Activity _____ minutes per day

Sleep

☐ Normal (8 – 12 hours) ☐ Abnormal

Additional area for comments on page 2

Screening and Procedures

- ☐ Oral Health Risk Assessment
- ☐ Subjective Vision – Parental observation/ concerns

Vision

☐ Visual acuity

_____ R _____ L _____ Both

☐ Parental observation/concerns

Developmental Surveillance

☐ Social-Emotional ☐ Communicative
☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment

☐ Yes ☐ No

Screening for Abuse

☐ Yes ☐ No

Screen If At Risk:

- ☐ IPPD _____ (result)
- ☐ Hct or Hgb _____ (result)

If not previously tested:

☐ Lead level _____ mcg/dl (required for Medicaid)

Immunizations:

- ☐ Immunizations Reviewed, Given & Charted – *if not given, document rationale*
- ☐ Flu ☐ Other _____
- ☐ Acetaminophen _____ mg. q. 4 hours

Patient Unclothed ☐ Yes ☐ No

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

☐ Abnormal Findings and Comments
If yes, see additional note area on next page

Results of visit discussed with parent

☐ Yes ☐ No

Plan

- ☐ History/Problem List/Meds Updated
- ☐ Referrals
  - ☐ WIC ☐ Early On
  - ☐ Children Special Health Care Needs
  - ☐ Transportation ☐ Dentist
  - ☐ Other _____
- ☐ Other _____

Anticipatory Guidance/Health Education

(check if discussed)

Safety

- ☐ Teach child to wash hands, wipe nose w/tissue
- ☐ Reinforce bedtime routine
- ☐ Fires/burns/test smoke alarms
- ☐ Appropriate car seat placed in back seat
- ☐ Use bike helmet
- ☐ Teach stranger safety
- ☐ Childproof home – (matches, guns, medicines)
- ☐ Supervise play, ensure playground safety

Nutrition/physical activity

- ☐ Physical activity in a safe environment
- ☐ Family physical activity
- ☐ Limit screen time to 1-2 hours per day
- ☐ Offer variety of healthy foods

Oral Health

- ☐ Schedule dental appointment
- ☐ Teach child to brush teeth

Child Development and Behavior

- ☐ Reinforce limits, provide choices
- ☐ Encourage talking and reading
- ☐ Encourage safe exploration
- ☐ Help child cope with fears

Family Support and Relationships

- ☐ Show affection, spend time with each child
- ☐ Create family time together
- ☐ Praise good behavior and accomplishments
- ☐ Substance Abuse, Child Abuse, Domestic Violence Prevention
- ☐ Handle anger constructively, help siblings resolve conflicts
- ☐ Make time for self, partner, friends
- ☐ Choose responsible caregivers
- ☐ Discuss community programs, preschool, head start, parenting groups

Next Well Check: 4 years of age

Developmental Surveillance on page 2.
Page 3 required for Foster Care Children

Medical Provider Signature:

PAGE 2 – WELL CHILD EXAM – EARLY CHILDHOOD: 3 Years

Developmental Surveillance (This page may be used if not utilizing a Validated Developmental Screener)

Date	Child's Name	DOB

Developmental Questions and Observations

Ask the parent to respond to the following statements about the child:

Yes	No	
☐	☐	Please tell me any concerns about the way your child is behaving or developing
☐	☐	My child is able to play by him/herself for short periods of time.
☐	☐	My child is able to leave me when a in a known place.
☐	☐	My child enjoys playing with other children.
☐	☐	My child can tell when others are happy, mad or sad.
☐	☐	My child can copy a circle.
☐	☐	My child eats a variety of foods.
☐	☐	My child knows his/her name, age and sex.
☐	☐	My child can jump off a step with both feet.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I have people who assist me when I have questions or need help.
☐	☐	I am enjoying my time with my child.
☐	☐	I have time for myself, partner and friends.
☐	☐	I feel safe with my partner.
☐	☐	I feel confident in parenting.

Provider to follow up as necessary

Developmental Milestones

Always ask parents if they have concerns about development or behavior. (You may use the following screening list, or a standardized developmental instrument or screening tool).

Child Development	Yes	No	Parent Development	Yes	No
Dresses Self	☐	☐	Appropriately disciplines child	☐	☐
Rides a tricycle	☐	☐	Parent is loving toward child	☐	☐
Is understandable to other 75% of the time	☐	☐	Positively talks, listens, and responds to child	☐	☐
Shows preference for parent or caregiver	☐	☐	Parent uses words to tell child what is coming next	☐	☐
Seeks comfort from parent when upset	☐	☐			

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (Bright Futures: guidelines for Health Supervision of Infants, Children, and Adolescents.)

Additional Notes from pages 1 and 2:

Medical Provider Signature	Medical Provider Name (please print)
Address	Telephone Number

THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN
PAGE 3 – WELL CHILD EXAM – EARLY CHILDHOOD: 3 Years

Date	Child's Name	DOB

Name of person who accompanied child to appointment	☐ Parent ☐ Foster Parent ☐ Relative Caregiver (specify relationship) ☐ Caseworker
Phone number of person who accompanied child to appointment	

Physical completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements

☐ Yes Please attach completed physical form utilized at this visit

☐ No If no, please state reason physical exam was not completed _____

_____

Developmental, Social/Emotional and Behavioral Health Screenings
Always ask parents or guardian if they have concerns about development or behavior. (You must use a standardized developmental instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Developmental Screening and Autism Screening completed: Date _____

Screener Used: ☐ ASQ ☐ ASQSE ☐ PEDS ☐ PEDSDM ☐ Other tool: _____ Score: _____

Referral Needed: ☐ No ☐ Yes

Referral Made: ☐ No ☐ Yes Date of Referral: _____ Agency: _____

Current or Past Mental Health Services Received: ☐ No ☐ Yes (if yes please provide name of provider)

Name of Mental Health Provider: _____

EPSDT Abnormal results:

Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc.):

Medical Provider Signature	Medical Provider Name (please print)

Address	Telephone Number

This form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Department of Human Services, Michigan Association of Health Plans, and Michigan Association of Local Public Health.

Provide foster parent/child's caregiver with handout.

PARENT HANDOUT

Your Child's Health at 3 years

Milestones

Ways your child is developing between 3 and 4 years of age.

- Can sing a song from memory
- Learning to share
- Talks about what he did during the day
- Enjoys playing "pretend" and listening to stories
- Can hop, jump on one foot
- Rides a tricycle or a bicycle with training wheels
- Knows her first and last name
- Names 4 colors
- Shows a silly sense of humor
- Throws a ball overhand
- Plays board games or card games
- Draws a person with 3 parts (such as head, body, legs)
- Builds tower of 9-10 blocks

For Help or More Information:

Age Specific Safety Information:
Call 1-202-662-0600 or go to http://www.safekids.org/safety-basics/

For help finding childcare:
Child Care Licensing Agency, Michigan Department of Consumer & Industry Services, 1-866-685-0006 or online at http://www.michigan.gov/michildcare

Car seat safety:
Contact the Auto Safety Hotline at 1-888-4236 or online at http://www.nhtsa.dot.gov

For information about lead screening:
Visit the Michigan Bridges 4 Kids lead website at www.bridges4kids.org/lead.html or contact the Childhood Lead Poisoning Prevention Project at (517) 335-8885

Poison Prevention:
Call the Poison Control Center at 1-800-222-1222 or online at www.mitoxic.org/pcc

For information if you're concerned about your child's development:
Contact Early On Michigan at 1-800-327-5966 or Project Find at http://www.projectfindmichigan.org/ or call 1-800-252-0052

Parenting skills or support:
Call the Parents HELPline at 1-800-942-4357 or the Family Support Network of Michigan at 1-800-359-3722.

Support for families of children with special health care needs:
Children Special Health Care Services, Family phone line at 1-800-359-3722 or www.mdch.state.mi.us/msa/mdch_msa/cshcs.htm

Domestic Violence hotline:
National Domestic Violence Hotline – (800) 799-SAFE (7233) or online at www.ndvh.org

Health Tips

Your child still needs about two cups of milk every day. Offer a variety of fruits and vegetables daily. Water is a healthy drink so offer it instead of sweetened drinks.

Help your child brush his teeth every day with a pea-sized amount of fluoride toothpaste. Make sure your child gets a dental checkup once a year.

Teach your child to wash her hands well after playing, after using the toilet, and before eating. Use soap and rub hands together for about 20 seconds.

Each child develops in his own way, but you know your child best. If you think he is not developing well, call your child's doctor or nurse and tell them your concerns.

Parenting Tips:

Your child learns best by doing. She needs to:

- Play active games (tag, ball, riding wheeled toys, climbing)
- Play imagination games (using dolls, toys, story books)
- Play with toys that uses her hands (blocks, big puzzles)
- Limit television and computer time to 1-2 hours a day

Help your child feel good about himself and others:

- Praise your child every day
- Be consistent and clear about your child's behaviors that are okay or not okay
- Use discipline to teach and protect your child, not to punish him or make him feel about himself
- Help your child "use his words" when having a disagreement instead of hitting, kicking or biting

When you are a parent you will be happy, mad, sad, frustrated, angry and afraid, at times. This is normal. If you feel very mad or frustrated:

1. Put your child in a safe place and walk away.
2. Call a friend or your partner. It can help to talk about what you are feeling.
3. Call the free Parent Helpline at 1 800-942-4357 (in Michigan). They will not ask your name, and can offer helpful support and guidance. The helpline is open 24 hours a day. Calling does not make you weak; it makes you a good parent.

Safety Tips

Check your home for dangers often. Your child is not old enough to stay away from things that could harm her, like matches, guns, and poisons. Lock those things up!

Continue using a car seat until your child weighs 40 pounds or around age 4. After that, use a booster seat until your child is 4'9" or age 8. Keep your child in the back seat.

Make sure your child uses a helmet whenever he rides a tricycle, scooter, or other toys with wheels.

From the Institute for Health Care Studies at Michigan State.