

**3-YEAR WELL CHILD VISIT** Name: \_\_\_\_\_ Date: \_\_\_\_\_

WT: \_\_\_\_\_, \_\_\_\_\_ % HT: \_\_\_\_\_, \_\_\_\_\_ %

**DIET:**

- Your child should drink 32oz. of low fat or skim milk each day. This will give your child the 800 mg of calcium needed each day. If your child does not drink this amount of milk, you will need to give other dairy foods.
- Encourage your child to drink water, limiting if not avoiding juices all together.
- Your child may show some food fussiness. This is a time of decreasing food requirements. Do not be alarmed!! Avoid food battles. Do not over emphasize eating and do not permit your child to eat a little bit all through the day. Rather, have your child eat regular meals at the table, with a single small healthy snack between meals. A rule of thumb to follow when feeding toddlers is 1 tablespoon of each food group per year of age per meal. Limit sweets, encouraging whole grains, fruits, and vegetables. Do not overfeed!

**VACCINES:** review only: Tylenol Dose: \_\_\_\_\_ml. every 4 hours Motrin/Advil dose: \_\_\_\_\_ml. every 6 hours.

**GENERAL MEDICAL CARE:**

- Today we will and run a blood test to check for **anemia**. **DENTAL:** Until your child is 6 years old, a parent must brush his or her teeth twice daily.. Your child should have his or her first dental visit.
- Many children are **toilet trained** by this time. If your child is not even attempting to toilet train, please ask us for advice. Nighttime dryness may not be established as of yet and should not be a concern.

**SAFETY:** remember, an accident is the greatest threat to your child's life.

**Firearms:** if you must keep a gun, keep it unloaded and in a locked place separate from the ammunition. Teach your child what to do if he or she sees a gun.

**Falls:** be sure the surface under play equipment is soft to absorb falls.

**Burns:** test the batteries in your smoke alarm. The water temperature in your home should be no more than 120 degrees. Also, be careful with pots on the stove and make sure to turn handles so that your child cannot reach them.

**Sun protection:** make sure to use SPF 30 or more when your child is outdoors.

**Drowning:** never leave your child around any water, even for a moment. Even if the child can swim, pools should be fenced on all sides. Teach your child to swim.

**Poisoning:** post the poison control number on all phones 800-222-1222. Use safety latches. Lock up all substances with warning, caution, or poison labels on them. Buy a bottle of syrup of ipecac and use it only after you have been instructed to do so by poison control.

**Car:** car crashes are the greatest danger to your child's life. Children should only ride in the rear seat of the car and only in an approved car seat. Your child is to remain in a car seat until he or she is at least 4 years old and weighs 40 lbs.

**Street:** until a child is 10 years old they cannot determine the speed of an approaching car. If they are playing in the street, an adult must be with them at all times. In a parking lot, hold their hand.

**SOCIAL:** the greatest gift you can give your child is happy parent(s). Take time off from your child, and encourage and nourish all the relationships in your child's home.

- It is time to teach your child about "good" touching and "bad" touching. They should learn what to do if they get lost or if **strangers** approach them. Teach them never to approach any animal they do not know personally.
- **Read** to you child and **limit TV!!** It is better to play and read with your child!!!! T.V. promotes obesity, decreases school performance and promotes childhood fears and anxiety. This includes educational T.V.!
- **Discipline** your child using a firm voice and time outs. Pick your battles. **Do not** start the battle unless you **will** win the war. Notice and **praise** your child's good behavior.

**PLEASE DO THE 4 YEAR BF SURVEY ON OUR WEB SITE BEFORE THE NEXT WELL VISIT AT 4 YEARS**  
**FOLLOW-UP**

Your child's next visit is at **4 years** of age. At that visit your child will receive MMR AND VARICELLA vaccines.

DATE \_\_\_\_\_ TIME \_\_\_\_\_ MD \_\_\_\_\_ REASON \_\_\_\_\_

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