



Date of Birth \_\_\_\_\_

Patient Name \_\_\_\_\_

### Risk Assessment 3 Year

Do you have a dentist for your child	Yes	No	Concerns
Primary water source contains fluoride	Yes	No	Concerns
Toilet trained during day	Yes	No	Concerns
Copies circle	Yes	No	Concerns
Can help take care of himself by feeding and dressing	Yes	No	Concerns
Draws a person with 2 body parts	Yes	No	Concerns
Throws a ball overhand	Yes	No	Concerns
Balances on each foot	Yes	No	Concerns
Walks up stairs switching feet	Yes	No	Concerns
Usually understandable	Yes	No	Concerns
Identifies self as boy or girl	Yes	No	Concerns
Has a conversation with 2 or 3 sentences together	Yes	No	Concerns
Knows name and use of cup, spoon, ball, crayon	Yes	No	Concerns
Names a friend	Yes	No	Concerns
Plays pretend, such as play house or school	Yes	No	Concerns
Concerns about how child speaks	No	Yes	Concerns
Concerns about how child hears	No	Yes	Concerns

Servings of fruit & vegetables per day	More than 4 per day	3-4 per day	1-2 per day	0-1 per day
Eats out each week	0-1 times	1-2 times	3-4 times	More than 4 times
Activity level	More than 60 min per day	30-60 min per day	Less than 30 min per day	Not very often
Sweet drinks per day	Not very often	1 per day	2 per day	More than 3 per day
TV/screen time	Not very often	30-60 min/d	1-2hr/d	More than 2hr/d

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Have any members of the family or your child's playmates had high blood lead	No	Yes	Concerns
Does child live/visit house built before 1978 being renovated?	No	Yes	Concerns
Does child live/visit a house/apartment/building built before 1950?	No	Yes	Concerns
Born in country outside of the United States	No	Yes	Concerns
Traveled or had contact with high TB risk populations longer than a week	No	Yes	Concerns
Family member or contact had tuberculosis or positive TB skin test.	No	Yes	Concerns
Is the child HIV infected	No	Yes	Concerns
Diet included iron-rich foods such as meat, eggs, iron fortified cereal, or bean	Yes	No	Concerns
Parent and other caregivers set same time limits for child	Yes	No	Concerns
Read, sing songs, or play word games with child every day	Yes	No	Concerns
Always uses car seat in back seat of car	No	Yes	Concerns
Have a gun in home, or any home child spends time in	No	Yes	Concerns
Are guns unloaded and locked away	Yes	No	Concerns
Does anyone smoke around child	No	Yes	Concerns