



Patient Name _____

Date of Birth _____

Risk Assessment 4 Year

Copies a cross	Yes	No	Comments
Draws a person with 3 body parts	Yes	No	Comments
Hops on one foot	Yes	No	Comments
Dresses self, including buttons	Yes	No	Comments
Balances on each foot	Yes	No	Comments
Names 4 colors	Yes	No	Comments
Other people can understand what child is saying	Yes	No	Comments
Knows name, age, and whether he/she is a boy or girl	Yes	No	Comments
Plays board or card games	Yes	No	Comments
Plays pretend by himself and with others	Yes	No	Comments

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

Lead screening

Have any members of the family or your child's playmates had high blood lead levels	No	Yes	Comment
Does child live/visit house built before 1978 being renovated?	No	Yes	Comment
Does child live/visit a house/apartment/building built before 1950?	No	Yes	Comment

TB Screening

Born in country outside of the United States	No	Yes	Unknown	
Traveled or had contact with high TB risk populations longer than a week	No	Yes	Unknown	Comment
Family member or contact had tuberculosis or positive TB skin test.	No	Yes	Unknown	Comment
Is the child HIV infected	No	Yes	Unknown	Comment

Cholesterol Screening

Parent or Grandparent have stroke or heart problems before age 55	No	Yes	Comment
Parent has elevated cholesterol (>240mg/dl) or is taking cholesterol medication	No	Yes	Comment

Anemia Screening

Diet includes iron-rich foods such as meat, eggs, iron fortified cereal, or beans	Yes	No	Comment
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Anticipatory Guidance

Does child have a chance to play with other children in playgroups or preschool	Yes	No	Comment
Do you take child on trips to park or visit library	Yes	No	Comment
Do new people understand child's speech	Yes	No	Comment
Does your child brush teeth 2 times per day	Yes	No	Comment
Family is physically active together like walking, or playing in park	Yes	No	Comment
Do you feel comfortable answering questions child has about body	Yes	No	Comment
Always uses car seat in back seat of car	Yes	No	Comment
Does anyone smoke around child	No	Yes	Comment