

Four Seasons Pediatrics
Well Visit Form for 3 Year Well Visit

Child's Name: _____ Birth Date: _____ Age: _____
Today's Date: _____

Feeding History:

- How many ounces of milk does your child drink each day? _____
- Does he/she eat most table foods? _____
- Does he/she use a spoon and cup okay? _____
- Any problems with eating? _____

Behavior:

- Any problems with his/her sleeping? _____
- Does your child have any difficult behavior you would like to change?

- Does your child have to be spanked frequently? _____
- Is your family having any serious problems? _____

Illnesses:

- If your child is on medicines, name them: _____
- Has your child had any serious illnesses since the last check up? _____

Development:

Please check the boxes to indicate if your 3 year old does the following:

- | | |
|--|--|
| <input type="checkbox"/> Copies a circle | <input type="checkbox"/> Dresses with supervision |
| <input type="checkbox"/> Alternates feet up stairs | <input type="checkbox"/> Unbuttons, slips on shoes |
| <input type="checkbox"/> Rides a tricycle | <input type="checkbox"/> Plays tag and other games |
| <input type="checkbox"/> Knows full name, gender | |

Social:

- Are both parents living at home? _____
- Does your child brush his/her teeth every day? _____
- Is your child taking fluoride? _____
- Do you have any concerns about meeting your daily needs, paying for medications, household income, food or housing, crime or other social and economic issues? _____
- Does anyone in the family have any vision, hearing or cognitive problems that would hinder communication with the medical provider? _____

Screening – Please check the box if any of the following are true:

- My child has had exposure to tuberculosis or a person with a positive skin test
- My child spends a significant amount of time in a home built before 1960
- There is a family history of high cholesterol of > 240 in either parent or grandparents
- There is a family history of heart disease before 55 in either parent or grandparents
- There are concerns with family mental health, substance abuse or firearms in the home

Vaccine Information Statements (Check One)

- I will review the in-room copy
- I will review the on-line copy at your website
- I would like a paper copy

Vision Photoscreening (CPT-99174)

In January 2016, the American Academy of Pediatrics recommended that instrument based vision screening (known as Photoscreening) “should be first attempted between 12 months and 3 years of age and at annual well child visits until acuity can be tested with a wall chart”

Four Seasons Pediatrics has evaluated this technology and we have started screening as recommended by the American Academy of Pediatrics. You may see this recommendation at the following link:

<http://pediatrics.aappublications.org/content/early/2015/12/07/peds.2015-3596>

Some insurance plans have been identified that do not consider this service preventative or do not cover outright the cost of this screening tool. We do not alter our evidence based recommendations due to insurance coverage and therefore still recommend that this be done. This instrument uses a computer based program to detect conditions that may lead to permanent vision loss known as amblyopia. You have the option to have the screening and if it is not covered as a preventive service, we will appeal your denial and ask that the insurance company update their policy to reflect current recommendations. If unsuccessful, we want to make you aware that you may be responsible for payment for anywhere from \$5 to \$38.17* (*the billed amount of this service) depending on your policy. Another option is to use a non computer based photoscreening, which is provided as a free service if you travel to the Northeast Association for the Blind in Albany. You may set up an appointment by calling 518-463-1211

Notice to Tricare subscribers and insured patients: I am hereby requesting that the following services be provided to me by Four Seasons Pediatrics. In making this request, I acknowledge that these services are not a benefit of my health coverage under TRICARE and that I will not receive the benefit of the TRICARE Hold Harmless Policy (defined below), which otherwise might apply to me. In addition, I acknowledge that if I have obtained services more frequently than authorized by TRICARE policy, I may be responsible for that professional service. I also understand that if authorization for this care has been denied by TRICARE, or if reimbursement is denied upon submittal of a claim form, I may appeal the written notification of the denial issued by Health Net Federal Services, Inc./MHN Services. Unless the decision to deny is overturned as the result of an appeal or dispute, I agree that I will be personally responsible for the payment IN FULL of the billed charges for these services. **TRICARE Hold Harmless Policy:** A network provider may not require payment from the beneficiary for any excluded or excludable services that the beneficiary received from the network provider (i.e., the beneficiary will be held harmless) unless the beneficiary has been properly informed that the services are excluded or excludable and has agreed in advance in writing to pay for the services.

- I understand the above and would like my child screened
- I decline the screening and will consider screening at NABA. I understand that if not screened, it may result in later detection of vision problems leading to amblyopia

Patient Name

/ /

DOB

Print Name

Relationship to patient

Parent/Guardian/Subscriber Signature

Date

- I would like a copy of this statement provided to me

The Wellness Times - Four Seasons Pediatrics



12th Visit

3 Years

Injury Prevention



The most common accidents that occur at this age:

- **Car Seat Safety:** Continue to use a car seat for as long as your child will fit into it. New York requires a car seat for children under 4 and a safety restraint system for children under 7.
- **Bikes:** Emphasize a rule with your child that if there is no helmet, then there is no bike.
- **Accidents:** that also occur are related to guns, power tools, lawn mowers and plastic bags.
- **Drowning:** Do not leave your child unsupervised in or near a filled tub, pool, bucket of water, ditch or cesspool. Make sure any adults who supervise children in the pool (parents, babysitters, neighbors, etc), know how to swim.
- **Sunburns:** Use hypoallergenic sunscreen SPF 30. Avoid the sun between 10 am and 2 p.m. (highest UV rays). Studies show that skin cancer risk for melanoma has changed from 1 in 500 to 1 in 88; and is directly related to the number of sunburns your child gets before the age of 20.

Nutrition

Many children in the United States lack the recommended 3-5 vegetables and 2 fruits per day. These should be offered daily in place of sugary and salty snacks. The best way to ensure lifelong behaviors is for parents to model the behaviors they want their child to have. If your drinking water does not contain fluoride, your child should NOW be taking $\frac{1}{2}$ (0.5) mg daily.

Growth and Development

Three year olds are more outgoing and cooperative than at age 2. They have wild imaginations and imaginary friends. Start to encourage washing, dressing and simple chores. It is common for them to notice the difference between sexes and to explore their own bodies.

- Provide opportunities to talk about your child's day.
- Begin to offer choices in situations, while setting limits: e.g. Red or yellow shirt? This story or that one?
- At this age you should work with your child about taking turns and sharing.
- Many children stammer and stutter their speech. This is normal.
- Your child may not understand when you are joking. Never threaten to leave or abandon him.
- There may be curiosity about where babies come from differences between boys and girls. Answer these questions honestly and at their

level of understanding. Use correct terms for the genitals.

Healthy Habits

Make the first dental appointment for your child.

- Limit TV to 2 hours a day or less. This should include video and computer games. Monitor for content that is appropriate.

Remember the following recommendations for a healthy body:

- 5 servings of fruits/veggies per day
- 2 hours of screen time per day (TV, Video, Computer)
- 1 hour of physical activity per day (that increases heart rate)
- 0 intake of sweetened beverages
-

Toilet Training

Bedwetting is normal at this age. By age 3, 90% of children are bowel trained, 15% wet during the daytime and 40% wet at night. See below for section

Next Visit

Your next health visit will be the 4 year old well child visit.

If Your Child Refuses to be Toilet Trained

Use the following only after previous methods have not worked and you feel your child is capable of going. The most common cause is reminding or lecturing a strong-willed child too much. Here's what to do now.

➤ **Transfer all responsibility to your child.** Have one last talk with your child about toilet learning. Tell your child that his body makes "pee" and "poop" every day and it belongs to him. Make clear, "Your poop wants to go in the toilet," and "Your job is to help your poop get out." Say, "I'm sorry I reminded you so much and made you sit on the toilet. From now on you don't need any help."

➤ **Stop all reminders about using the toilet.** Let your child decide when to go to the bathroom. When your child stops receiving attention for not going, she will eventually go.

➤ **Give incentives for using the toilet.** Your child needs plenty of smiles, praise, and hugs every time she passes a bowel movement or urine into the toilet. For the child who soils or wets on some days and not others, you should give this praise – and even take time to play a special game when your child is clean for a complete day. If you need a breakthrough, you can make your child an offer he "can't refuse," using candy or other treats.

➤ **Give stars for using the toilet.** Put up a calendar in a special place and put a star on it for every bowel movement or urination into the toilet. Keep this record of progress until your child has gone two weeks without any accidents.

➤ **If your child won't sit on the toilet, try to change her attitude.** First, give your child the choice of the big toilet or the potty chair. If your child chooses the potty chair,

The Wellness Times – 3 Years Visit Our Web Site

Visit our web site at
www.fourseasonspediatrics.com
You will need to create a log in name on the first visit.

6/8/18

make it a favorite place, using it as a chair while looking at books or watching TV with his clothes on.

➤ **Remind your child to change after urination or bowel movement accidents.** Don't ask your child if he has soiled clothes – you know the answer. Respond, "You can't walk around wet or with a mess in your pants." Keep your child involved in the changing process.

➤ **Help your child succeed.** You, other caregivers, teachers, brothers and sisters must allow your child to go to the bathroom anytime. They must have clean underwear on hand and must not criticize or punish your child. And your child should never be put back in diapers unless you have discussed this with us.



Call if:

- You have followed the above for one month and have not seen any signs of improvement.
- Your child holds back bowel movements or becomes constipated.
- Your child has pain or burning during urination.

Adapted from Barton D. Schmitt, M.D., *Your Child's Health*, Bantam Books, 1987.