

McLaren Print System Order

Order No: 56230 Reprint Previous Order No: 41837
 Order Date: 2020-08-21
 User: Katie Jacobs
 Phone: 9893457000

Ship Location: Evergreen Clinic-Elaine Brewer
 611 Court Street Clinic
 West Branch, MI 48661

Forms

Quantity: 100
 Paragon Dept No: 69680
 Dept Name: McLaren
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-34301-K
 Item Description: Pediatric Physical Examination (Age 3 Years)
 Revision Date: 3/2020
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold: None
 Finish: None
 Drill: None
 Misc Info:

McLaren Medical Group
WELL CHILD EXAM-EARLY CHILDHOOD: 3 Years

DATE: _____ PATIENT NAME: _____ SEX: _____

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 themselves for short periods of time.

My child is able to leave me when 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. Your choice.)

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

Please note: Normal developmental milestones are recommended when compliance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated (High-Risk: Indicator for Health Supervision of Infants, Children, and Adolescents)

Additional Notes from pages 1 and 2:

Staff Signature: _____
 Provider Signature: _____
 Date: _____ Time: _____

Parent Name: _____
 Date of Birth: _____

WELL CHILD EXAM (3 Years)
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