

Cornerstone Well Child Form – 30 Months

Name: _____

Date of Birth: _____

Parents, please take a few minutes to answer the following questions ...

Nutrition

Calcium Intake

- Cow's milk _____ Milk Cheese Calcium supplement
 Soy milk Fortified juice Yogurt

Total servings of calcium daily

- None 1 2 3 4 or more

Other Food/Drink

- 3 meals/day Sufficient Fruit Drinks Juice _____ oz/day
 1-2 healthy snacks Sufficient Protein Drinks Soda
 Vegetarian Diet Sufficient Vegetables Too much junk food

Dietary Supplements

- None Yes: _____

Caregiver Concerns

- Nutrition Concerns None Yes: _____
Elimination Concerns None Yes: _____
Sleep Concerns None Yes: _____
Toilet Training Concerns None Yes: _____
Daycare Concerns None Yes: _____

Activity Levels

- Physical Activity _____ Min(s)/day _____ Time(s)/week None
Screen Time _____ Hours/day - TV _____ Hours/day – Computer None

Developmental Milestones

- Pretend play Puts 3-4 words together
 Plays with others People understand speech
 Jumps in place Points to 6 body parts
 Kicks a ball Knows animal sounds
 Puts on clothes with help
 Washes and dries hands
 Brushes teeth with help

Other Development Concerns: None Yes: _____

For Office Use Only

Weight: _____ Pulse: _____ HC: _____

Length: _____ Temp: _____ BP: _____

* Record M-CHAT result in the developmental milestones section