

Cornerstone Well Child Form – 36 month

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

- Kicks ball Uses 2-3 word sentences
 Copies a circle Clear speech
 Dresses without help Comprehends cold, hungry and tired
 Feeds self Uses imaginative play
 Peddles tricycle Counts to 3
 Alternates feet up stairs Stacks 6-8 blocks
 Opens doors

- Other Development Concerns: None Yes: _____

For Office Use Only

Weight: _____ Pulse: _____ BP: _____

Length: _____ Temp: _____

* Record M-CHAT result in the developmental milestones section