

# Cornerstone Well Child Form – 4 Years

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

- Climbs ladder                       Clear speech  
 Hops, Jumps forward                       Counts to 10  
 Copies a triangle or square                       Knows Name, Age, and Sex  
 Dresses with supervision                       Recognizes 3 of 4 colors  
 Balances on one foot                       Draws a person with three parts  
Other Development Concerns:  None                       Yes: \_\_\_\_\_

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## For Office Use Only

Weight: \_\_\_\_\_

Pulse: \_\_\_\_\_

BP: \_\_\_\_\_

Length: \_\_\_\_\_

Temp: \_\_\_\_\_